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ABSTRACT

Part I of this kit provides information for program planners and health professionals on ways to overcome barriers to health care among the medically underserved, promote high blood pressure control through the media and other community channels, and improve adherence to treatment among hypertensive patients. It lists additional resources for information, publications and other services, and highlights ideas and efforts of specific community programs and health practitioners across the country. Part II provides reproducible materials suitable for distribution to professionals and consumers. These resources include handouts on nutrition, exercise, smoking, home blood pressure measurement devices, and the latest data on hypertension. Materials in Spanish are included as well as items in large print for the visually impaired. Part III is a combined evaluation and order form. (JD)

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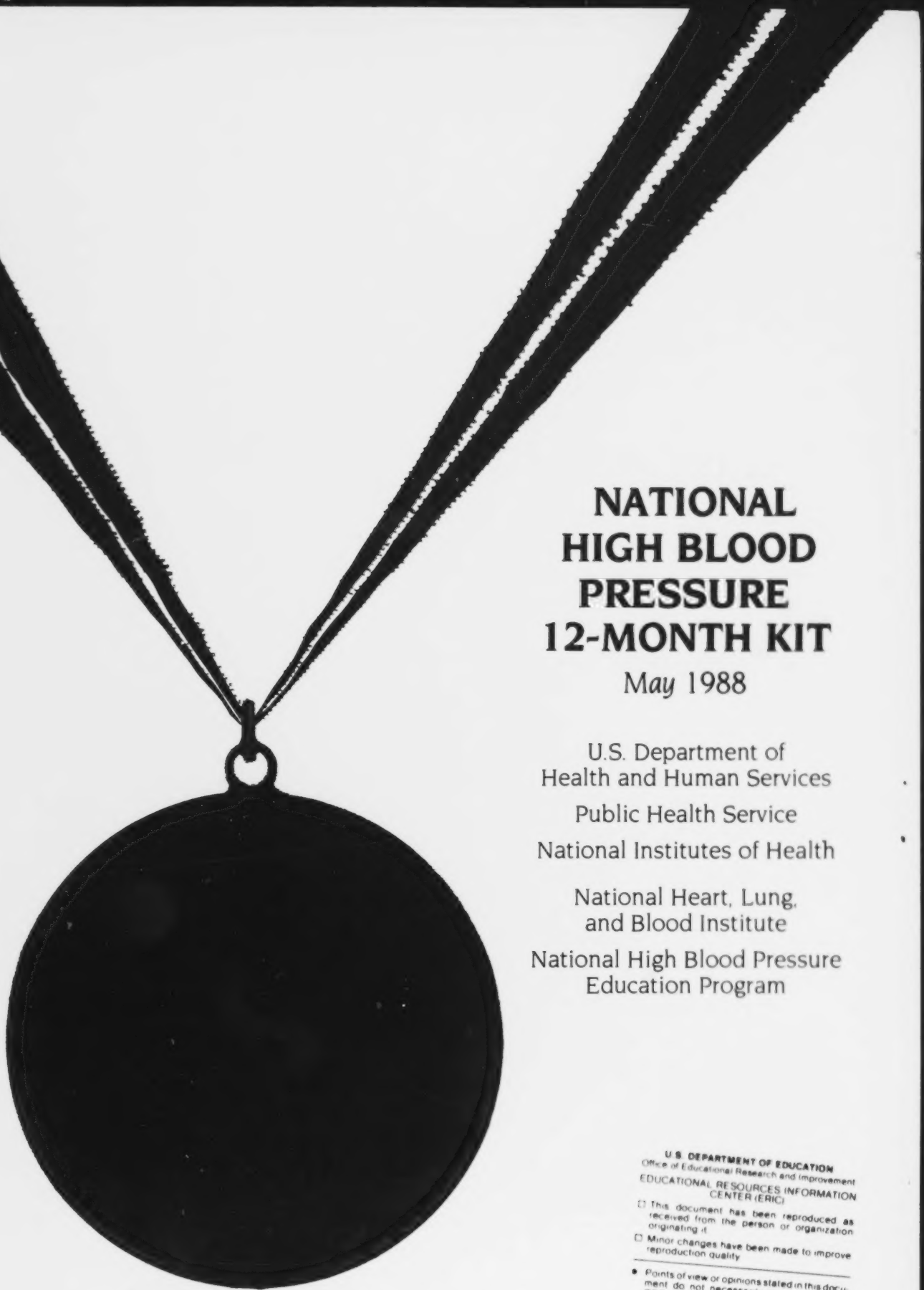

NATIONAL HIGH BLOOD PRESSURE 12-MONTH KIT

May 1988

U.S. Department of
Health and Human Services

Public Health Service

National Institutes of Health

National Heart, Lung,
and Blood Institute

National High Blood Pressure
Education Program

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
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SP 030593

Be a Champion of Control

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE
National Institutes of Health

NATIONAL HIGH BLOOD PRESSURE EDUCATION PROGRAM

TO: Participants in 1988 National High Blood Pressure Month

FROM: Claude Lenfant, M.D., Director
National Heart, Lung, and Blood Institute
and
Edward J. Roccella, Ph.D., M.P.H., Coordinator
National High Blood Pressure Education Program

The National High Blood Pressure Education Program — which is administered by the National Heart, Lung, and Blood Institute — is pleased to report that stroke mortality rates have declined by more than 50 percent since the program began in 1972. This remarkable success has been achieved because many organizations, including yours, have contributed to increased awareness, treatment, and control of high blood pressure. Although we have come a long way, we cannot stop now and rest on our accomplishments. We must continue our efforts to control high blood pressure by extending our messages to those who have yet to be served and to help those on therapy stay on their treatment.

May — National High Blood Pressure Month — is the ideal time to begin a yearlong campaign to control high blood pressure. This year's National High Blood Pressure 12-Month Kit is specifically designed to assist you in planning, promoting, implementing, and evaluating your hypertension education activities. This year, National High Blood Pressure Month and all the year-round activities described in the kit focus on lifelong adherence to therapy, including pharmacologic and non-pharmacologic approaches to hypertension control. The kit provides information about adherence; weight loss; exercise; reducing intake of sodium, fat, and calories; and other lifestyle changes to encourage cardiovascular health. The kit also stresses the importance of personal responsibility for controlling high blood pressure.

We encourage you to use this kit throughout the entire year and especially in May to help Americans "Go for Their Goal" and "Be Champions of Control." If we continue our joint efforts for high blood pressure control, we can demonstrate unprecedented changes in reducing morbidity and mortality from this important public health problem.

Address correspondence to:

National High Blood Pressure Education Program
120/80 National Institutes of Health
Bethesda, MD 20892

Part I

Go for Your Goal:
Be a Champion of Control

Resource Materials

Part I

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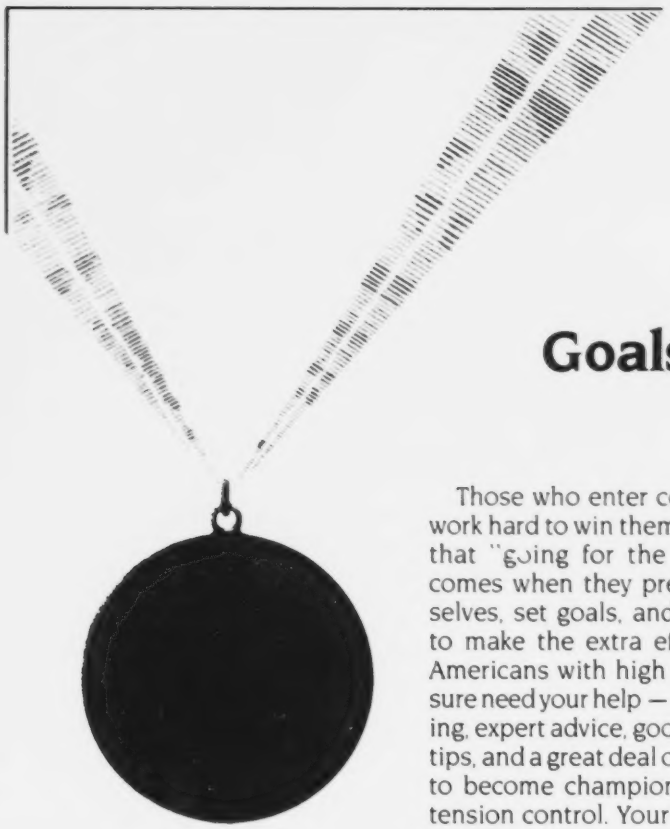


Goals and Champions

Those who enter competitions work hard to win them. They know that "going for the gold" only comes when they prepare themselves, set goals, and then strive to make the extra effort to win. Americans with high blood pressure need your help — solid coaching, expert advice, good "training" tips, and a great deal of support — to become champions of hypertension control. Your support *can* make a difference!

Nearly 58 million Americans have elevated blood pressure. Hypertension is a major contributor to stroke and heart disease. The good news is that you can do something about high blood pressure. When people take control of their lives by controlling their hypertension, they become champions.

High blood pressure control is a team effort. The team members are Federal agencies, state health departments, community organizations, hospital personnel, physicians, nurses, health educators, pharmacists, podiatrists, dentists, optometrists, and dietitians. Volunteers such as those who help lead support groups or who administer community hypertension tracking programs are also important members of the team. Together, these teams can spread the word that high blood pressure control can lead to healthier lives for all Americans.

This is the 14th year that the National High Blood Pressure Education Program (NHBPEP) has produced a kit with up-to-date information and reproducible materials concerned with the prevention, detection, treatment, and control of hypertension. We trust this kit will be useful and valuable to your work. We thank you for your past efforts and applaud your continuing work to champion the cause of high blood pressure control.

How to Use This Year's Kit

The 1988 National High Blood Pressure 12-Month Kit encourages teamwork among patients, health professionals, and community and national organizations in the effort to detect, treat, and control high blood pressure.

It is designed to help you promote National High Blood Pressure Month in May and reinforce these health messages throughout the year. Suggested activities, additional resources, practical tips, and reproducible materials are provided to support your special and ongoing efforts to control hypertension.

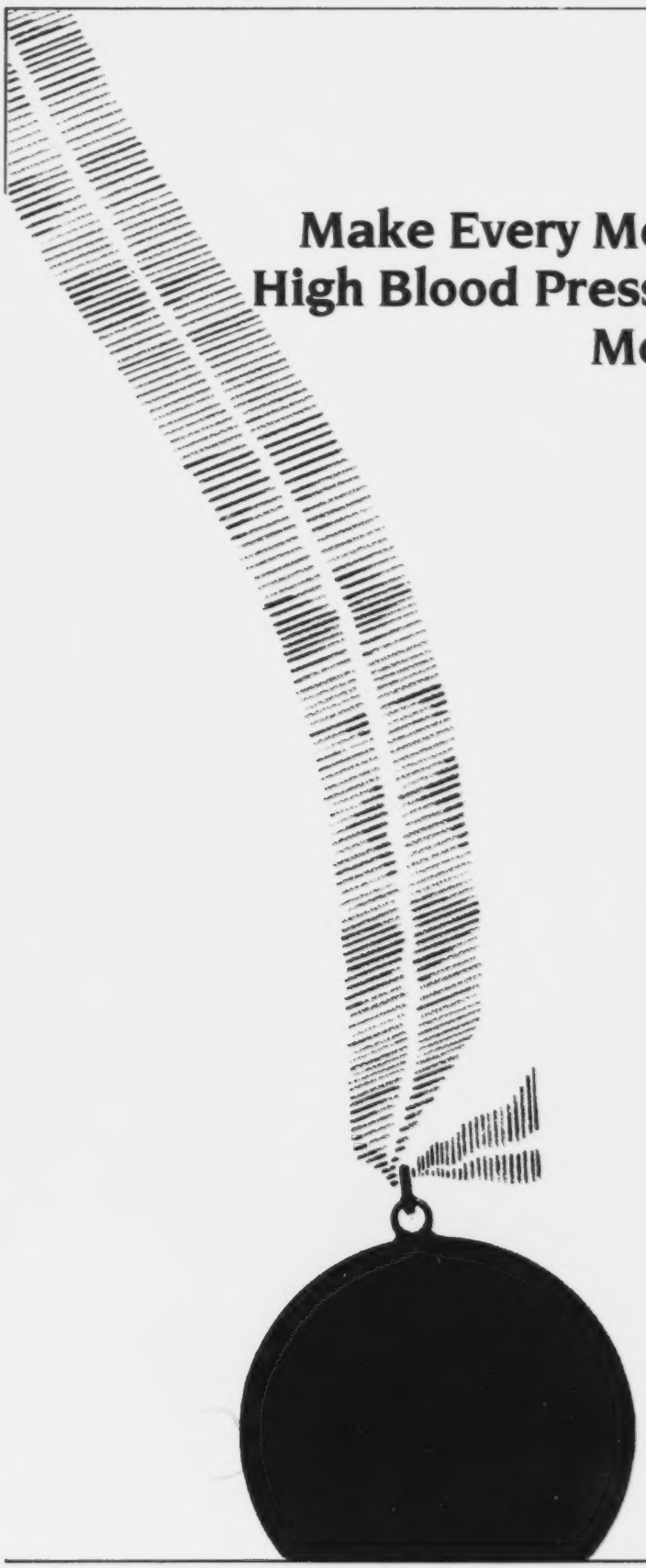
Part 1 of this year's kit provides practical information for program planners and health professionals. It suggests ways to overcome barriers to health care among the medically underserved, promote high blood pressure control through the media and other community channels, and improve adherence to treatment among hypertensive patients. It also lists additional resources for information, publications, and other services. This year's kit highlights the ideas and efforts of specific community programs and health practitioners across the country.

Part 2 provides reproducible materials suitable for distribution to professionals and consumers. These resources include handouts on nutrition, exercise, smoking, home blood pressure measurement devices, and the latest data on hypertension. In response to user requests, the kit includes materials in Spanish as well as items in large print for the elderly and visually impaired. By reprinting these materials yourself, you will have a ready supply of materials for immediate use.

Part 3 is a combined evaluation and order form. When placing your order for NHBPEP materials, take the time to let us know how you liked this year's kit. Please complete and return the evaluation form, even if you are not ordering additional materials. Your comments and suggestions can help us to improve next year's kit.

This kit has been produced to serve as an important resource in promoting high blood pressure control. Use it for facts, ideas, and materials. However, it is just a beginning. Tailor the suggestions to meet the needs of your community. Add your own resources and innovations. Help make hypertension control an attainable goal for all Americans.

Make Every Month High Blood Pressure Month



Throughout the year, your program can inform the public, patients, employees, and health professionals about high blood pressure — to be aware of it, to control it, and to live longer, healthier lives.

Months pass, seasons change, and the public's awareness of high blood pressure needs to be continually reinforced. Most reminders take minimal time and effort on your part. Just be sure your messages are clear, concise, and frequent. You want people to remember them. Using the information and data in this kit can help assure accurate and consistent messages.

A number of health campaigns take place at specific times during the year. Try to tie in your efforts with these. You can accomplish this by using and expanding the "Month Chart." Promotion activities you might try include: providing materials for community events and placing these materials at strategic locations; posting signs in windows of community businesses; scheduling interviews on local radio programs; arranging speakers at meetings of civic and business groups; and placing articles in newsletters of local organizations.

Take advantage of ongoing activities within your community. Parades, county fairs, picnics, malls, libraries, and sports contests all provide opportunities to spread the message about high blood pressure control.

Start to fill in your own calendar now!

Year-Round Activity Calendar

Month	Theme	Tie-Ins	Activities and Promotion Ideas
May	Go for Your Goal: Be a Champion of High Blood Pressure Control	National High Blood Pressure Month	Select suggested activities from the National High Blood Pressure 12-Month Kit.
June	Make Now Your Best Time	Father's Day Flag Day Summer Begins	Show your family that you care by taking care of your health.
July	Take Aim and Win	Fourth of July	Target the hard-to-reach populations who are at risk for high blood pressure.
August	Train to Be a Winner	Summertime	Set up a high blood pressure exhibit in a park or at a county fair.
September	Invest in Good Health	Grandparents Day Fall Begins	Provide information about high blood pressure to the elderly.
October	Be a Health Champion	Summer Olympics	Distribute information about adherence to treatment and achieving blood pressure control.
November	Cast a Vote for Good Health	Election Day Veterans Day Great American Smokeout	Work with other organizations on smoking cessation efforts.
December	Give the Gift of Life	Holiday Season Winter Begins	Provide recipes for heart-healthy foods that make great gifts.
January	Start the Year With a Healthy Slate in 1988	Martin Luther King's Birthday	Involve the community in a high blood pressure control program to reach minority populations.
February	Be a Hero for Health	President's Day	Promote messages about health issues delivered by community leaders.
March	Make Your Life Work	American Red Cross Month National Kidney Month	Work with other organizations to spread the message about high blood pressure and its relationship to kidney disease.
	A Health Plate in 1988	National Nutrition Month	Educate the community about heart healthy eating practices.
April	Team Up for Health	National Physical Education and Sports Week	Encourage a program of regular walking and other exercise.

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Build a Winning Team

Networks for hypertension control exist everywhere. Big cities and small communities, urban and rural areas, all present opportunities to control high blood pressure.

All organizations and agencies involved in health promotion activities — at the national, state, and local level — are doing more work these days with fewer resources. Involve several groups in a joint project and communicate with other organizations to let them know what you are doing. It can make a difference in the visibility of your programs. Take the lead in involving the community in high blood pressure control programs.

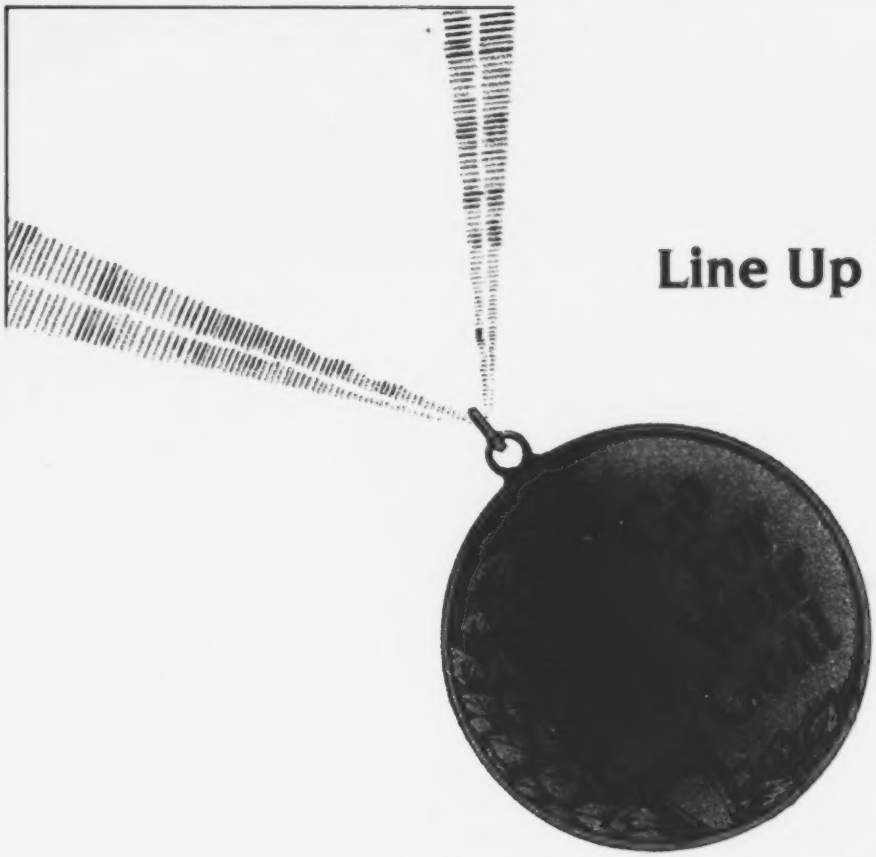
Team efforts require commitment from the players. Before you assign, or volunteer for, a position, learn the strengths of the players on the team. For example, some organizations maintain excellent mailing lists that they can be encouraged to share. Other agencies have expertise in promoting and publicizing events, and some can provide facilities for meetings and other functions. Many organizations have speakers or volunteers who can work with you on specific projects. Some organizations may be willing to lend their names to an event. The endorsement of an organization with a good reputation can be a great help to you.

How can you recruit active players for your team? First, define the activity. Then determine what needs to be done. When you initially contact organizations, agencies, and individuals, identify your goals and objectives, and explain your expectations. This way, each player has a clear understanding of what is to be accomplished, who will do it, and the anticipated outcome.

Remember, your program may not be the "only game in town." For example, if you learn of an event where a blood pressure message would be appropriate, call the sponsoring organization and offer your services or materials. This is another important way of getting to know the people and services in your community and letting them know more about your efforts in high blood pressure control.

It is important not only to know how your community works but also what works in your community. Familiarize yourself with the leaders of organizations, agencies, associations, businesses and industries, health professionals, health care settings, and media resources with whom you can work. Let your network know who you are, and express your interest in knowing more about each of the participants.

Finally, remember that recognition is crucial. Always identify your program as a sponsor or cosponsor of a program or event. Don't forget to use your group's logo on all handouts as well as information sent to the media. If you do not have a logo or other visual graphic that identifies your group, consider developing one. You want and need people to remember who you are and what you do.



Line Up Your Team

Federal Health Agencies	State Health Agencies	Local Health Agencies
Health Professionals	Health Care Settings	Media
Civic and Community Groups	Educational Groups	Business, Industry, and Labor
Medical and Other Professional Associations	Voluntary Health Organizations	Private Health Promotion Programs

Know Your State High Blood Pressure Contacts

Most states and territories have designated individuals in their health department to serve as a contact or liaison for high blood pressure activities. These people can advise you of services offered by state and local health departments as well as other sources of assistance. Contact the individuals listed below for advice on planning your program, training in blood pressure measurement, and obtaining free education materials.

Alabama
Richard Adams
Director
Hypertension Branch
Alabama Department of
Public Health
State Office Building, Room 754
Montgomery, AL 36130
(205) 261-5128

Alaska
Jean Lucius
Hypertension Coordinator
Section of Nursing
Alaska Department of Health
and Social Services
P.O. Box H
Juneau, AK 99811
(907) 465-3150

Arizona
Francine Martin
Administrator
Preventive Health Block
Grant Program
Division of Disease Prevention
Arizona Department of
Health Services
3008 North 3rd Street
Phoenix, AZ 85012
(602) 230-5809

Arkansas
Beth Broyles
Health Education Department
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205-3867
(501) 661-2495

California
Arthur Jordan
Hypertension Program Manager
Preventive Health Section
California Department of
Health Services
714/744 P Street, Room 428
Sacramento, CA 95814
(916) 324-3989

Colorado
Linda Dusenbury, R.N., M.S.N.
Jane Pritzl
Division of Prevention Programs
Colorado Department of Health
4210 East 11th Avenue
Denver, CO 80220
(303) 331-8303

Connecticut
Emelia DeMusis
Program Coordinator
Office of Health Education
State of Connecticut Department
of Health Services
150 Washington Street
Building A, 3rd Floor
Hartford, CT 06106
(203) 566-7867

Delaware
Lori Christiansen
High Blood Pressure Coordinator
Division of Public Health
Robbins Building
802 Silver Lake Boulevard
and Walker Road
Dover, DE 19901
(302) 736-4651

District of Columbia
Robert H. Conn, Ed.D.
Chief
Office of Health Promotion and
Hypertension Control
D.C. Department of Human Services
1875 Connecticut Avenue, NW
Washington, DC 20009
(202) 673-6738

Florida
Sandra Schoenfisch, R.N., Ph.D.
Nurse Consultant
Department of Health and
Rehabilitative Services
Chron[illegible]isease Program
1317 Winewood Boulevard
Tallahassee, FL 32301
(904) 488-2901

Georgia
Jerry P. Brown
Program Manager
Stroke and Heart Attack
Prevention Program
Peachtree and 7th, Room 102
878 Peachtree Street, NE
Atlanta, GA 30309
(404) 894-5304

Hawaii
Amy Mizuno, R.N.
Project Coordinator
State Hypertension Project
Public Health Nursing Branch
Hawaii State Department of Health
3627 Kilauea Avenue, Room 311
Honolulu, HI 96816
(808) 735-5332

Idaho
Joanne Mitten
Health Education Specialist
Health Promotion/
Disease Prevention Section
Idaho Department of Health
and Welfare
450 West State Street, 4th Floor
Boise, ID 83720
(208) 334-5933

Illinois
Sherwood Zimmerman
Chief
Division of Chronic Diseases
Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL 62761
(217) 782-3300

Indiana
Mary Marrs
Chronic Disease Coordinator
Indiana State Board of Health
1330 West Michigan Street,
Room 213
Indianapolis, IN 46206-1964
(317) 633-0399

Iowa
Lorrie I. Graaf, R.N.
Nurse Consultant
Hypertension/Diabetes Program
Bureau of Health Promotion
Iowa Department of Public Health
Lucas State Office Building
Des Moines, IA 50319-0075
(515) 281-6839

Kansas
Mary Ann Humphries
Administrator
Health Education Unit
Bureau of Local Health Services
Kansas Department of Health
and Environment
900 S.W. Jackson
Topeka, KS 66612-0001
(913) 296-1206

Kentucky
David Goodloe
Director
Hypertension Program
Department for Health Services
Cabinet for Human Resources
275 East Main Street
Frankfort, KY 40601
(502) 564-7996

Louisiana
Janice Boatner, R.N.
State Public Health
Nurse Consultant I
High Blood Pressure
Control Program
Department of Health and
Human Services
P.O. Box 60630
325 Loyola Avenue, Room 308
New Orleans, LA 70160
(504) 568-7210

Maine
Michael T. Gay
Director
Community High Blood Pressure
Program
Division of Health Promotion
and Education
Bureau of Health
Department of Human Services
State House, Station 11
Augusta, ME 04333
(207) 289-5180

Maryland
Marsha Bienia
Chief
Division of High Blood Pressure
Control
Family Health Services
Maryland Department of Health
and Mental Hygiene
201 West Preston Street, Room 304
Baltimore, MD 21201
(301) 225-6783

Massachusetts
Lisa Feierstein
Program Coordinator
Massachusetts Department of
Public Health
Center for Health Promotion and
Environmental Disease Prevention
150 Tremont Street
Boston, MA 02111
(617) 727-2662

Michigan
Harlie R. Smith
Hypertension Lead
Eastern Regional Division
Bureau of Community Services
Michigan Department of
Public Health
3500 North Logan Street
P.O. Box 30035
Lansing, MI 48909
(517) 335-8913

Minnesota
Don Bishop
Director
Center for Health Promotion
and Education
Minnesota Department of Health
717 S.E. Delaware Street
P.O. Box 9441
Minneapolis, MN 55440
(612) 623-5479

Mississippi
Wendell Cox
Director
Chronic Disease Program
Bureau of Health Services
Mississippi State Department of Health
P.O. Box 1700
Jackson, MS 39215-1700
(601) 960-7857

Missouri
Jeannette Jackson Thompson, M.S.P.H., Ph.D.
Coordinator
Hypertension Control Program
Missouri Department of Health
Bureau of Chronic Disease
P.O. Box 570
1730 East Elm
Jefferson City, MO 65102
(314) 751-6257

Montana
Robert W. Moon, M.P.H.
Montana Department of Health and Environmental Sciences
Cogswell Building
Helena, MT 59620
(406) 444-4488

Nebraska
Barbara Pearson
Program Coordinator
High Blood Pressure Control Program
Nebraska Department of Health
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007
(402) 471-2101

Nevada
Joseph Jarvis, M.D.
State Health Officer
Nevada State Health Division
505 E. King Street, Room 201
Carson City, NV 89710
(702) 885-4740

New Hampshire
Elizabeth Donahue-Davis, B.S.
Health Promotion Advisor
Bureau of Health Promotion
Department of Health and Human Services
6 Hazen Drive
Concord, NH 03301
(603) 271-4475

New Jersey
Phyllis Dower
Coordinator
Hypertension Program
Division of Epidemiology and Disease Control
New Jersey Department of Health
CN 360
3635 Quakerbridge Road
Trenton, NJ 08625
(609) 588-7479

New Mexico
Maria Facey
Section Head
Adult Health
Health Services Division
New Mexico Health and Environment Department
P.O. Box 968
Santa Fe, NM 87504-0968
(505) 827-2504

New York
David C. Momrow
Acting Director
Bureau of Adult and Gerontological Health
New York State Department of Health
Nelson A. Rockefeller Empire State Plaza
Tower Building, Room 557
Albany, NY 12237
(518) 474-0512

Sonja Hedlund
Assistant Director
Heart and Hypertension Institute
New York Department of Health
8 East 40th Street
New York, NY 10017
(212) 340-3340

North Carolina
Judy Britt
Risk Reduction Program Manager
North Carolina Department of Public Health
P.O. Box 2091
Raleigh, NC 27602
(919) 733-2775

North Dakota
Susan Pederson, R.N.
Coordinator
Health Risk Reduction Project
Division of Community Health Nursing
State Department of Health
Capitol Building, 2nd Floor
Bismarck, ND 58505
(701) 224-4320

Ohio
Esther Lenhert, R.N., M.P.H.
Project Director
Ohio Hypertension Control Program
Division of Chronic Diseases
Ohio Department of Health
246 North High Street, 8th Floor
Columbus, Ohio 43266-0588
(614) 466-2144

Oklahoma
Adeline Yerkes
Director of Chronic Disease Control and Eldercare
Hypertension/Diabetes Program Coordinator
State Department of Health
P.O. Box 53551
Oklahoma City, OK 73152
(405) 271-4072

Oregon
Barbara Taylor, M.P.H.
Health Education Consultant
Oregon State Health Division
P.O. Box 231
Portland, OR 97207
(503) 229-5691

Pennsylvania
Robert Ranberg
Chief
High Blood Pressure Control Program
Pennsylvania Department of Health
P.O. Box 90
Harrisburg, PA 17108
(717) 787-7073

Puerto Rico
Ramon Aixala, M.D.
Director, Hypertension Project
Puerto Rico Department of Health
Building A (Annex D), Box 70184
San Juan, PR 00936
(809) 767-6060 ext. 2480

Rhode Island
Janice Cataldo
Community Health Research
Rhode Island Department of Health
103 Cannon Building
75 Davis Street
Providence, RI 02908
(401) 277-6957

South Carolina
Tom Gillette
High Blood Pressure Program Coordinator
Division of Chronic Disease
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201
(803) 734-4790

South Dakota
Paula Goddard, R.N.
Deputy Director
Community Health Nursing
South Dakota Department of Health
523 East Capitol Street
Pierre, SD 57501
(605) 773-3737

Tennessee
Connie Pearson, M.N.
Director
Adult Wellness/Hypertension Programs
Tennessee Department of Health and Environment
100 Ninth Avenue North
Nashville, TN 37219-5405
(615) 741-7366

Texas
Donna Nichols
Health Program Specialist II
Adult Health Program
Texas Department of Health
1100 West 49th Street
Austin, TX 78756
(512) 458-7534

Utah
Joan Ware, R.N.
Director
Cardiovascular Program
Bureau of Chronic Disease Control
Utah Department of Health
288 North 1460 West
P.O. Box 16660
Salt Lake City, UT 84116-0660
(801) 538-6141

Vermont
Marge Hamrell
Director, Health Promotion
Vermont Department of Health
1193 North Avenue, P.O. Box 70
Burlington, VT 05402
(802) 863-7330

Virgin Islands
Anne T. Hatcher/Edith Moore
Hypertension Program
Virgin Islands Department of Health
Charles Harwood Complex
Christiansted
St. Croix, U.S. Virgin Islands 00820
(809) 773-1059 ext. 300

Virginia
Janice Bowie
Director
Division of Chronic Disease Control
Virginia Department of Health
109 Governor Street, Room 515
Richmond, VA 23219
(804) 786-4065

Washington
Catherine Turk
Manager
Cardiovascular Risk Reduction Program
Department of Social and Health Services
Mail Stop LK 13
Olympia, WA 98504
(206) 586-6082

West Virginia
Brian Loshbough, R.N., C.
Director
LightHearts
West Virginia Department of Health
1800 Washington Street, East
Room 413
Charleston, WV 25305
(304) 348-4007

Wisconsin
Mary Manering, R.N.
Cardiovascular Health Consultant
Cardiovascular Risk Reduction Program
Wisconsin Division of Health
P.O. Box 309
Madison, WI 53701
(608) 266-2757

Wyoming
Menlo Futa
Health Risk Reduction Coordinator
Health and Medical Services
Wyoming Department of Health and Social Services
Hathaway Building, 4th Floor
Cheyenne, WY 82002
(307) 777-6011

What's New in High Blood Pressure Control

Keeping up with new developments in high blood pressure control — whether related to detection, awareness, evaluation, or treatment — is a constant challenge for busy health care practitioners. As part of the hypertension control team, your personal challenge is to provide the highest quality of health services to your patients. Your expert advice, knowledge, and support are key elements in the personal strategies and plans that your patients undertake to control their high blood pressure. Your patients look to you for the latest information, and they rely on your advice and support. This section highlights new resources and reports to keep you an informed, involved member of the hypertension control team.

Hypertension in Diabetes

Hypertension in Diabetes, a new report from a National High Blood Pressure Education Program (NHBPEP) working group, provides new guidelines for practicing physicians and other health professionals in their care of persons with the concomitant problems of high blood pressure and diabetes mellitus. More than 2.5 million Americans have both diabetes and hypertension. When these two conditions are present in the same person, the risk for cardiovascular disease increases dramatically. This new report stresses the critical importance of controlling high blood pressure in persons with diabetes. The authors conclude that the control of hypertension in diabetes may help slow the progression of both vascular and renal disease, conditions that commonly accompany and complicate diabetes. The report stresses the importance of many nonpharmacologic approaches recommended for the control of both conditions. The report was published as "Statement on Hypertension in Diabetes Mellitus" in *Archives of Internal Medicine*, 147(5): 839-842, May 1986. Copies of the report are available from the NHBPEP. (See Evaluation and Order Form.)

The Physician's Guide: Improving Adherence Among Hypertensive Patients

While substantial progress has been made in improving public awareness and knowledge about hypertension and the problems associated with uncontrolled high blood pressure, many challenges remain in getting hypertensive patients to stay on their treatment. Prepared by the NHBPEP Working Group on Health Education and High Blood Pressure Control, this new guide provides the health care practitioner with educational methods to encourage long-term adherence and control. The guide emphasizes actions and systems physicians can use to increase the proportion of hypertensive patients who reach and maintain goal blood pressure. The approaches suggested in the guide affect the influence physicians and other health care professionals have over factors such as (1) the information they give to patients as well as its completeness and relevance; (2) the quality of their interactions with patients and how they manage problems that interfere with adherence; and (3) office procedures that reinforce the behaviors they ask patients to adhere to or change. The guide offers sample interventions in a format specifically designed to help busy practitioners. The guide is available from the NHBPEP. (See Evaluation and Order Form.)

It's Your Business: A Guide to Heart and Lung Health at the Workplace

The workplace provides an excellent opportunity for programs to reduce cardiovascular and pulmonary risk. Worksite programs offer relatively easy and continual access to large numbers of at-risk employees. Prepared by the National Heart, Lung, and Blood Institute, this guide provides basic background and programmatic information to those interested or involved in workplace programs. It explains the scientific basis for reducing cardiovascular and pulmonary risk and discusses key workplace program elements (including a section on economic analysis) and a resource guide for additional assistance and materials. The guide is available from the Communications and Public Information Branch, National Heart, Lung, and Blood Institute, National Institutes of Health, Building 31, Room 4A21, Bethesda, MD 20892. NIH Publication No. 86-2210.

Churches as an Avenue for High Blood Pressure Control

This new guide is designed to assist leaders of churches, synagogues, and other religious institutions in working with health care professionals and local health organizations to establish high blood pressure control programs in their community. It provides background information on the unique role that churches can play in the sponsorship of such programs. The guide discusses issues of concern, approaches to take, ways to expand and coordinate existing programs, and resources to contact for additional information and support. Detailed guidelines are presented for planning, establishing, and maintaining hypertension control programs, including volunteer recruitment and training, designing and implementing blood pressure screening events, referrals, followup activities, and evaluation. A number of sample forms and instructions are included. Single copies of the guide are available from the NHBPEP. (See Evaluation and Order Form.)

Detection, Evaluation, and Treatment of Renovascular Hypertension

This new report from the NHBPEP Working Group on Renovascular Hypertension reviews current diagnostic techniques such as intravenous digital subtraction angiography and computer-generated renal flow scans. These techniques have helped to identify more accurately patients in whom renal arteriography is indicated. The report states that more sensitive and specific tests are still needed to establish the hemodynamic significance of renal artery lesions. New classes of antihypertensive drugs are described, particularly beta-blockers and angiotensin-converting enzyme inhibitors, which have enabled the control of high blood pressure in most patients with renovascular hypertension but do not assure preservation of renal function. The report was published in *Archives of Internal Medicine*, 147:820-828, May 1987. Reprints are available from the NHBPEP. (See Evaluation and Order Form.)

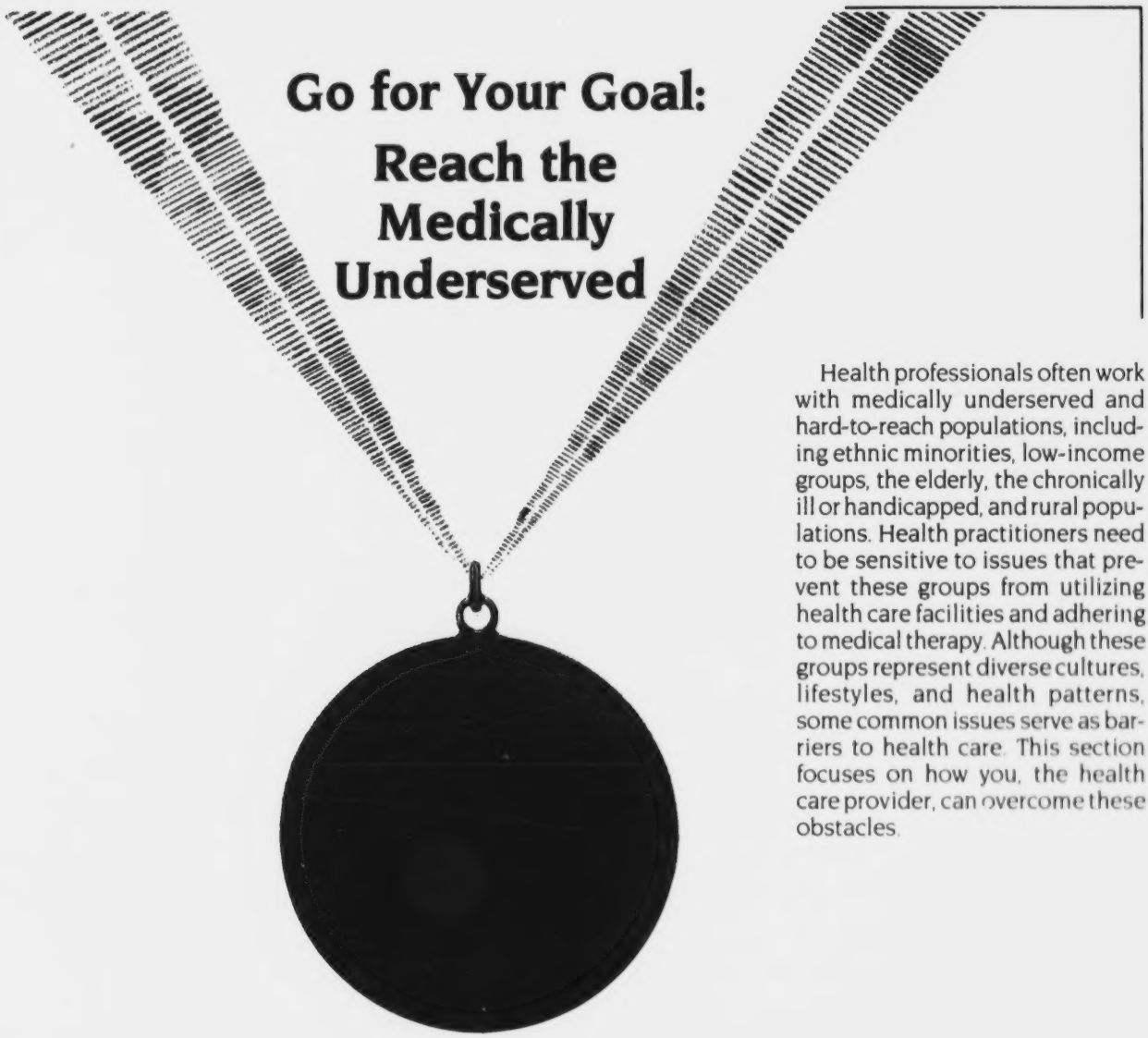
The Identification and Examination of the Stroke Belt

In the 15 years since the NHBPEP began, age-adjusted mortality rates for stroke have declined more than 50 percent. However, despite this dramatic decline, cerebrovascular disease remains the third leading cause of death in the United States. The black population continues to experience a higher rate of stroke deaths than does the white population; and more than half of the stroke deaths among blacks in 1980 occurred in the southeastern United States, now known as the stroke belt. High blood pressure is the major risk factor for stroke; therefore, the NHBPEP has initiated a major intervention program to reduce the high number of stroke deaths. One facet of this approach involves detailed analyses that provide important information concerning the magnitude of the problem and to identify factors that may be affecting it. This poster presentation includes an annotated evaluation of rates for age-adjusted and crude stroke mortality; rates for hypertension prevalence, awareness, treatment, and control; and rates for severe diastolic elevations, obesity, and smoking behavior by region, race, and sex. The presentation is available from the NHBPEP. (See Evaluation and Order Form.)

With Every Beat of Your Heart: An Ideabook for Community Heart Health Programs

Designed for community health program professionals in a variety of settings, this book presents several ideas for heart health program activities. Section 1, "Getting Started," contains key facts about smoking, high blood pressure, and high blood cholesterol — the three major risk factors for heart disease that people can do something about. Section 2, "Growing: Building for the Long Term," describes the benefits of addressing more than one heart disease risk factor at the same time and outlines different complementary approaches to improving community heart health. Section 3, "Community Program Activity Ideas," highlights specific approaches for solving program development problems and sponsoring creative, meaningful risk reduction activities in public and voluntary health agencies, health care settings, worksite programs, religious organization programs, and school-based programs. Section 4, "InterACTION," lists some of the first places to look for help in local coordination, technical assistance in program development, packaged programs, and consumer and patient education materials. The book is available from the Communications and Public Information Branch, National Heart, Lung, and Blood Institute, National Institutes of Health, Building 31, Room 4A21, Bethesda, MD 20892. NIH Publication No. 87-2641.

Go for Your Goal: Reach the Medically Underserved



Health professionals often work with medically underserved and hard-to-reach populations, including ethnic minorities, low-income groups, the elderly, the chronically ill or handicapped, and rural populations. Health practitioners need to be sensitive to issues that prevent these groups from utilizing health care facilities and adhering to medical therapy. Although these groups represent diverse cultures, lifestyles, and health patterns, some common issues serve as barriers to health care. This section focuses on how you, the health care provider, can overcome these obstacles.

Barriers to Health Care

1. Language or communication problems (patients with minimal education or with difficulty understanding English)

Suggestions

- Develop materials that are tailored to their needs and level of communication skills (e.g., simple, direct, and illustrative). Use more pictures, bold type, color, and fewer words.
- Adapt or translate existing education materials to patients' native language. Some minority groups (e.g., Hispanic youth, Filipinos, and second- and third-generation Japanese) may take pride in knowing how to read and speak English, while others (e.g., elderly minorities and recent Indochinese refugees) may prefer their native language.
- Use a combination of teaching materials — brochures, audiovisuals (videotapes, audiotapes, radio novellas, and public service announce-

	ments with appropriate music), cartoons, and participatory techniques such as games, quiz boards, and puzzles.
	• Use bilingual or bicultural workers and volunteers from the client community to explain health messages and physicians' recommendations.
	• Use forms or questionnaires that are brief and bilingual (e.g., written in English and Spanish).
	• Provide clear and direct instructions. For example, when counseling patients to reduce sodium or alcohol intake, use familiar terms such as "teaspoons" of salt and number of "cans" of beer and "glasses" of wine, rather than "grams" of sodium and "ounces" of liquor.
2. Socioeconomic factors (e.g., unemployment, lack of financial resources, insufficient or no medical coverage — Medicare, Medicaid health insurance)	• Check with patients' physicians to see if generic or low-cost medicines are appropriate.
	• Arrange for reduced cost or sliding scale according to patients' ability to pay.
	• Take patients' economic condition into account when recommending exercise and nutrition programs. For example, a walking program requires little or no expense, whereas jogging may require special shoes or equipment. Nutrition classes should consider appropriate ethnic foods.
	• Refer patients to existing community resources. — Civic organizations (e.g., Kiwanis or Moose clubs) may be able to help defray the cost of medication. — Drug companies may be able to provide medication at little or no cost through participating physicians and pharmacists.
3. Accessibility of health care facilities	• Make sure that the health facility is easily accessible by way of public transportation with a minimum of travel time and cost. If necessary, recruit volunteers to drive patients to and from the facility.
	• Solicit and distribute bus or subway passes to needy patients.
	• Make sure that the facility is accessible to physically handicapped persons.
4. Availability of programs and services	• Make sure that schedules are flexible to accommodate working patients. For example, the Chinatown Health Center in New York offers services in the evenings and on weekends.
	• Have available bilingual or bicultural staff to explain procedures and health instructions.

	• Use bilingual or culturally adapted health education materials.
	• If possible, make the health facility a "one-stop" facility where individuals and families can receive complete health care (e.g., medical checkup, WIC program, laboratory tests, family services, etc.).
5. Lack of knowledge of available health programs and services (e.g., recent immigrants, rural people, non-English-speaking minorities)	• Publicize programs and services using various media such as ethnic radio and television, brochures or flyers, and ethnic or tribal newspapers.
	• Encourage use of the health care facility by providing services based on community needs and promoting these services at ethnic markets, worksites, churches, and cultural events (e.g., Chinese new year, powwows, heritage weeks, religious events).
6. Lack of familiarity with the Western medical system (e.g., complete medical checkup that includes laboratory tests and formal appointments)	• Take time to educate patients about the Western medical system. For example, making doctor's appointments is alien to some rural residents and minority groups where "no appointment necessary" is the general practice.
	• Use bilingual and bicultural staff to explain or interpret messages and instructions.
	• Allow a family member to accompany the patient inside the examining room, to explain procedures, and to provide support. Medical procedures such as drawing blood can be very scary and unnerving. Exposing one's body for physical examination (e.g., Pap smear, breast and pelvic examination) can be culturally embarrassing for a female patient, especially if the examiner is a male.
7. Lack of understanding of the complexity and long duration of medical regimen, side effects, and the risks of uncontrolled high blood pressure	• Realize that minorities, like any other patients, need to be educated about the need for continuous medication, the reasons for taking medication, when and how to take it (e.g., before, during, or after meals), side effects, possible interactions with other drugs, and possible results if hypertension is not controlled. This can be done by using bilingual or bicultural staff and health education materials, by providing time for questions, and by showing genuine concern for patients' welfare.
	• Enlist the help of family members and friends to prepare foods according to the doctor's advice and to remind patients to take their medication.
	• Make telephone calls or send letters or reminder cards either before visits or after missed appointments to emphasize the importance of continuous medical therapy.

8. Cultural values and attitudes

- Take time to learn more about patients' values. For example, Buddhism emphasizes acceptance of situations, tolerance to pain and suffering, and self-reliance. This may affect the attitudes of Asian Buddhists toward seeking health care. Some Japanese patients may suppress their feelings and ignore warning signals of impending illness because of "enryo" (reservation) or "gaman" (internalization and suppression of pain). "Hiya" (shame) and respect for authority and elders may keep Filipino patients from asking questions or expressing their feelings to physicians. With the assistance of a bilingual or bicultural staff, physicians may be able to elicit more information about patients' behavior.

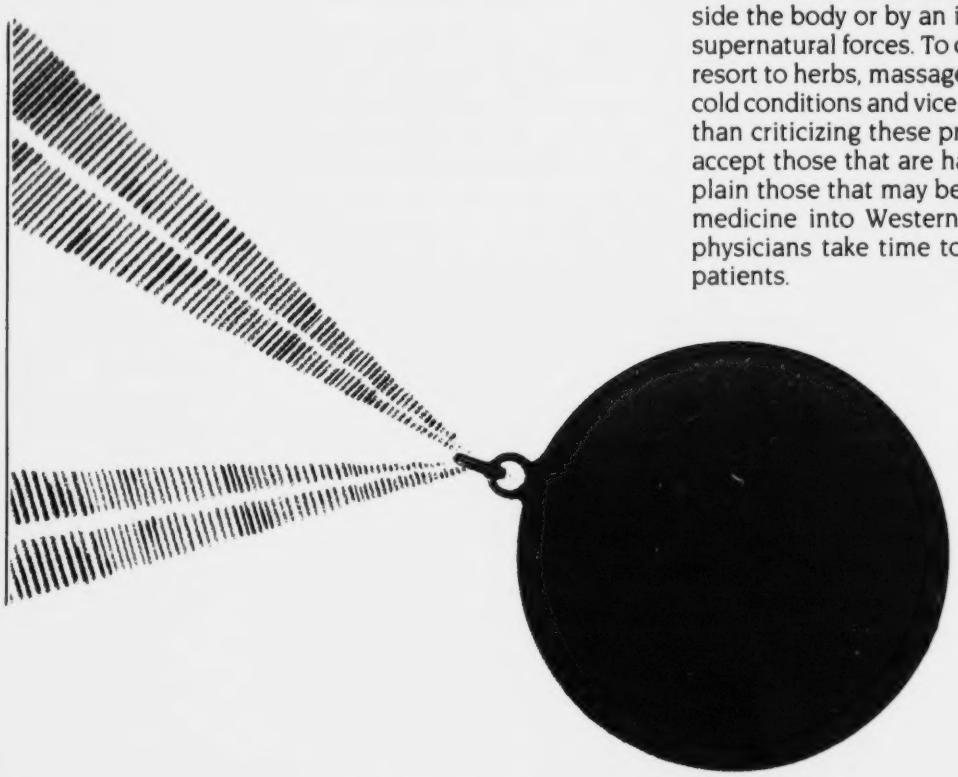
9. Health beliefs and practices

- Hospitals as "places of death"

- Patients must be convinced that hospitals are places where they can recover from illness.
  - Get endorsements (such as letters, posters, or tapes) from well-known and respected local celebrities (e.g., actors, singers, sports personalities).
  - Ask former hospital patients from the community to talk about their treatment in group discussions.

- "Hot-cold imbalance"

- Respect patients' cultural beliefs. Many minority patients still believe that illness is caused by an imbalance of hot and cold forces inside and outside the body or by an imbalance of natural and supernatural forces. To create a balance, patients resort to herbs, massage, poultices, hot foods for cold conditions and vice versa, and prayers. Rather than criticizing these practices, physicians must accept those that are harmless and carefully explain those that may be harmful. Fitting Eastern medicine into Western medicine is possible if physicians take time to know more about their patients.



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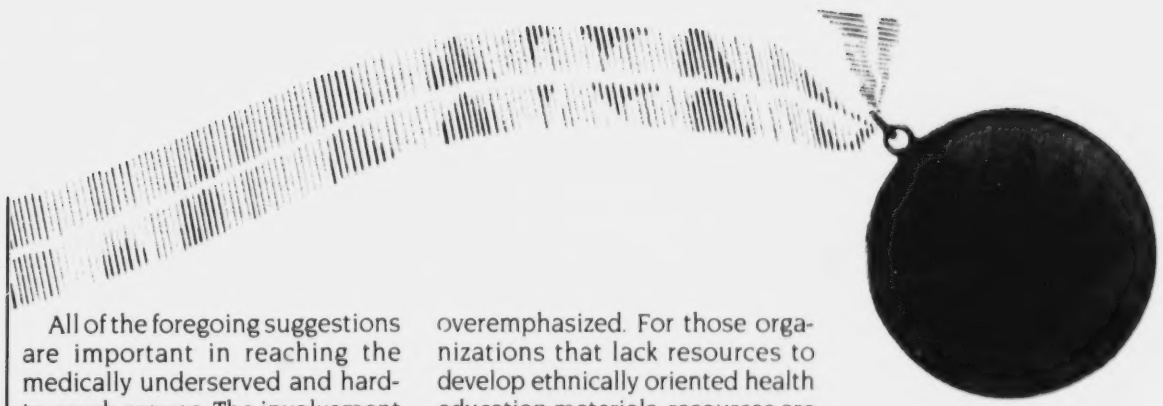
• Reliance on folk practitioners	• Explain and emphasize the value of the prescribed regimen as an adjunct to folk remedies. Many minority patients still consult herbalists, psychic healers, curanderos, "medicine men," etc., because they belong to the same ethnic group, speak the same language, provide free or low-cost services, and are either relatives, neighbors, or friends. Health care providers, instead of criticizing folk remedies, should accept those that are harmless and not work against folk healers.
• Sharing of medicines with relatives, friends, or neighbors	• Inform patients that they should not take medicines prescribed for other persons. It is not uncommon for some groups to share medicines with someone from the same community with similar health problems. • Ask patients to bring these medicines to the clinic. Explain that there may be some interactions with drugs that are being prescribed or with other drugs patients are currently taking.
• Illness as a punishment from God or the result of witchcraft or disregarding religious taboos	• Try to show concern, understanding, and acceptance of various cultural practices that are harmless (e.g., wearing religious symbols). Do not criticize patients who use prayers, rituals, or objects to ward off evil spirits. • Take time to explain the nature of patients' illness, including physical causes and remedies.



All of the foregoing suggestions are important in reaching the medically underserved and hard-to-reach groups. The involvement of bilingual or bicultural staff and the use of culturally adapted health education materials cannot be overemphasized. For those organizations that lack resources to develop ethnically oriented health education materials, resources are listed on the Evaluation and Order Form.

Community Champions

National High Blood Pressure Month can be an opportunity to initiate and promote year-long health education activities. Organizations around the country are sponsoring innovative programs in a variety of settings to reduce the risk of cardiovascular disease. Puppet theatres, cooking classes, newsletters, and interactive television programs are just a few of the different approaches that have been used to increase public awareness in communities like yours. We have listed some examples of these local efforts to promote high blood pressure control and cardiovascular disease prevention.

The Middletown Department of Health in **Connecticut** conducts courses that include cooking demonstrations and recipe testing and culminate with the preparation of a heart-healthy supper for a local church group.

The Palm Beach County Cardiovascular Disease Prevention and Control Program in **Florida** provides group education classes for area residents. Four 1-hour sessions aim to lower the risk of cardiovascular disease by emphasizing nonpharmacologic approaches.

The Pharmacy High Blood Pressure Program of the University of Maryland in Baltimore, **Maryland**, is designed to reduce the prevalence of uncontrolled high blood pressure by having community pharmacists provide information and monitor treated patients for adherence to therapy and for blood pressure control.

Pressure Pointers is a public educational newsletter sponsored by the Metropolitan Detroit Coalition for Blood Pressure Control in **Michigan**. The newsletter highlights articles on the treatment and management of high blood pressure and related cardiovascular risk factors.

The Organic Puppet Theatre, sponsored by the Model Cities Health Center in St. Paul, **Minnesota**, is designed to prevent children from becoming overweight, from starting smoking, and from leading sedentary lifestyles. The theatre uses puppets to explain the functions of the body's organs.

The Physical Management Program in **Montana** public schools is a physical education class adapted to the special needs of children who are overweight. The program has been adopted in 12 other states.

The High Blood Pressure Risk Reduction Program in Buffalo, **New York**, has developed strategies for screening; structured followup of elevated readings; and promoted educational counseling for hard-to-reach, high-risk, minority groups.

In Toledo, **Ohio**, second- and third-graders in public schools are taught about high blood pressure and its risks with the help of puppets, audiovisual aids, costumes, food tasting, and magic tricks.

Kaiser Permanente Health Services, a health maintenance organization in Portland, **Oregon**, worked with a commercial television station to offer an interactive television program to more than 600 viewers who wanted to lose weight.

The Southeastern Pennsylvania High Blood Pressure Control Program in Philadelphia, **Pennsylvania**, has a professional support services program that offers consultation and educational services to physicians in southeastern Pennsylvania. These services focus on patient adherence and physician education.

The Richmond Area High Blood Pressure Center in **Virginia** provides free comprehensive hypertension control services to community residents who have no medical coverage. These services include free diagnostic workup, ongoing monitoring, patient education and counseling, as well as free medication for those on drug therapy.

Let us know about activities you are sponsoring in your community. Write: Editor, National High Blood Pressure Education Program, 120/80 National Institutes of Health, Bethesda, Maryland 20892.

Go for Your Goal: Master the Media

Now is the time to gain recognition for your organization's efforts and contributions to a "winning campaign" to control high blood pressure. It's more important than ever to promote adherence to treatment because, despite high awareness of the importance of controlling hypertension, the number of people with high blood pressure who are actually doing so remains alarmingly low. Only 11 percent of adults with blood pressure levels higher than 140/90 mm Hg are successfully controlling it.

Spreading your message of hypertension control through the media and other community channels can increase attendance at the activities you'll be conducting with the help of this year's kit. It never hurts to get the credit your organization deserves for its part in the drive to control high blood pressure.

Promotion doesn't have to be costly or overly time-consuming. All it takes is some careful planning and a commitment to recognizing and taking advantage of available opportunities. The following explains the who, what, when, where, and why of promotion, as well as how to make it all happen.

Who?

High blood pressure information is beneficial to all Americans. Even those people who don't have high blood pressure generally know a family member, friend, or coworker who does. Thus, hypertension control messages to the general public are valuable.

Some groups are at higher risk of developing high blood pressure than others and need additional information and encouragement.

- *Elderly.* The elderly are the fastest growing population in the United States today. And they have the highest rates of high blood pressure: 76 percent of black adults between the ages of 65 and 74 years and 63 percent of white adults of similar ages.[1]
- *Blacks.* High blood pressure rates are one and a half times higher among blacks than whites. Among adults age 18 to 74 years, the highest prevalence rate is for black women (38.6 percent). The prevalence rate for black men is 37.9 percent, compared to 32.6 percent for white men and 25.3 percent for white women.[2]
- *Stroke belt residents.* The stroke belt is an area in the southeastern United States where high blood pressure prevalence and stroke mortality rates are unusually high, especially among blacks. Although only 47 per-

1. 1976-80 National Health and Nutrition Examination Survey.
2. *The 1984 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.*

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cent of the total black population resides in the South, this group accounts for 56 percent of the total number of black stroke deaths in the country.[1]

What?

During the early years of the National High Blood Pressure Education Program, most messages emphasized detection — encouraging people to have their blood pressure measured to discover if it was high.

Today, 94 percent of adult Americans have had their blood pressure measured and can identify it as high, low, or normal. Accordingly, the focus of education efforts has shifted from detection to adherence to treatment and maintenance of control.

Promotion efforts should stress the importance of an ongoing commitment to controlling high blood pressure through medication, weight control, reducing sodium intake, increasing exercise, and moderating alcohol consumption.

Throughout this kit, you'll find information on these ways to control high blood pressure, as well as tips for maintaining adherence that can make your promotion activities real winners.

When?

May is National High Blood Pressure Month, the ideal time to place special emphasis on promoting hypertension control. This kit is designed to be a 12-month resource of ideas and materials. Think of May as the starting point for launching your year-round campaign to control high blood pressure in your community.

Take advantage of the suggestions provided in the kit to make every month "High Blood Pressure Month" because, just like the treatment of hypertension, promotion is something that should be done everyday to be truly successful.

Where?

You'll want your message to reach the greatest number of people in your target audience. There are a number of channels of communication that exist right in your own community. Your promotion efforts should use a mix of media and community activities to take advantage of these channels.

- Local newspapers published daily and weekly
- Area or regional magazines
- Community newsletters
- Wire services, including state, regional, and local bureaus of Associated Press or United Press International
- Radio stations
- Television stations
- Public access cable television stations
- Worksite health promotion programs
- Community groups such as Jaycees, women's clubs, Elks clubs, and professional groups
- Senior centers
- Church service groups
- Sporting events and arenas.

The possibilities are only as limited as your imagination!

Why?

Some people may feel that promotion is not worth the time and planning it requires. However, a properly implemented promotion program can make the difference between a crowded, successful event and an embarrassing turnout of two for a panel discussion.

Promotion can yield numerous benefits for both your organization and its campaign to control high blood pressure. Promotion can let people know when an event will be held, publicize your organization's contributions to the community, build credibility for your group, and enable you to reach far greater numbers of people in your target audiences.

Promotion puts your goals — and audiences — within reach.

How?

Knowing how to approach the media and community groups can be the telling factor in the success or failure of your promotion campaign. The following guidelines suggest ways to work with media gatekeepers — individuals who control information channels in your community to promote your organization and high blood pressure control. These individuals include editors of newspapers, magazines, and newsletters; producers of radio and television shows; station managers; public service directors; leaders of local civic and community groups; and employee health directors and worksites.

Determine if your idea or event is newsworthy. The media are more likely to be interested in your story if it is new, timely, or unusual; has a human interest angle; involves a public figure or well-known organization; is centered around an event or campaign; effects a large number of people; or is a variation of a theme already receiving media attention.

Develop Publicity Tools

- *Media list.* Consult media directories in your local library. Make a list of print and broadcast outlets in your area, including addresses and telephone numbers. Call each outlet to identify the appropriate contact person (e.g., editors, reporters, producers, public service directors, programming directors). Be sure to get the correct spelling of all names and titles.

- *News release.* Using your organization's letterhead, type your story double-spaced, using an active voice and short sentences. Be brief; your news release should be no longer than one to three pages. List a contact person's name and telephone number in the upper righthand corner, and proofread it carefully, checking all names, num-

bers, dates, etc. A sample news release is included in the Media Materials section of this kit.

- *Media kit.* A media kit is a 9" x 12" two-pocket folder containing a news release and background on your organization, such as a fact sheet highlighting specific information about your group or project, a biographical sketch of your spokesperson, and a description of your organization's services. Include a copy of the fact sheet on high blood pressure as well as any other pertinent information. The first page of each item in your media kit should be printed on your organization's letterhead.

- *Public service announcements* (PSA's). PSA's are messages prepared by nonprofit groups to announce events or generate awareness of a specific problem or issue. The media air or print PSA's at no cost because they do not advertise products or services for sale. The sample PSA's included in this kit are examples of live-announcer copy — a script intended for use over the air during a station break or in a community calendar segment. Other types of PSA's include slides of your group's logo or event, information for use on television, prerecorded messages, and print ads. A sample PSA is included in the Media Materials section of this kit.

Contact the Media

- Send the press release or media kit to the appropriate contacts on your media list. Allow 4 to 7 days for the materials to arrive, and then call your contacts. Ask if they have received the materials, and offer to answer any questions. Highlight the important points related to your community. At this point, they will probably tell you whether or not the story will receive coverage. Regardless of the answer, thank them for their time. If a story does appear on the air, send a short note of thanks.

- The procedure outlined above is similar for arranging an interview or appearance on a talk show. Send the press release or media kit to the appropriate contacts on your media list. Try to provide a picture of your spokesperson in the kit, and use a pitch letter; a sample letter is included in this kit. Allow several days for the materials to arrive. Call your contact, emphasize your spokesperson's expert knowledge of the topic, and offer your help in arranging an interview. If you are successful, get details about the show, such as if it is live or taped, if there will be call-ins, the length of the program, etc. Brief your spokesperson, and send a note of thanks to the contact.

The National High Blood Pressure Education Program produces a series of radio and television public service announcements and distributes them twice a year, in the fall and in the spring. The radio PSA's are mailed directly to radio stations around the country. The television PSA's are distributed on a state-by-state basis by one state media contact in each state. For more information on the NHBPEP PSA's in your community, call or write the state contact for your state. A list of state media contacts is included in this section.

Take Advantage of Public Access Cable Programming

There are 1,000 public access centers nationwide. Most have full-service facilities available for use by groups like yours. Some provide training and have producers on hand to lend special assistance. Follow the steps outlined below.

- Consult the *Video Register* to identify a center near your community.

- Contact the station operator to determine if the station provides community programming and what resources or training are available.

- Arrange to attend the training sessions, and discuss the program format and topic you have in mind with the producer.

- Proceed under the producer's direction to develop the program and schedule air time.

Obtain Time and Space

Contact the public service director at the media outlet. Confirm the preferred format, and mail the materials. Call the contact after a few days, and offer your assistance. You can also try to work with local distributors to arrange space on billboards and transit ads.

When you really think about it, promotion is anything you can do to reach your audiences with a message about high blood pressure control. Don't confine your efforts to the ideas presented here; every community is different, with its own unique opportunities for promotion. Take a close look at your town, and reach for high blood pressure control.

State Media Contacts

Alabama
Richard Adams
Director
Hypertension Branch
Alabama Department of
Public Health
State Office Building, Room 754
Montgomery, AL 36130

Arizona
Becky Tucker
Health Educator
Office of Health Education
Arizona Department of
Health Services
3008 North Third Street
Phoenix, AZ 85012

Arkansas
Barbara Kumpe
Administrative Assistant
American Heart Association
P.O. Box 1610
Little Rock, AR 72201

California
Sara Metzger
Health Analyst
Hypertension Control Program
California Department of
Health Services
714/744 P Street, Room 430
Sacramento, CA 95814

Colorado
Linda Dusenbury, R.N., M.S.N.
Cardiovascular Disease Consultant
Division of Prevention Programs
Colorado Department of Health
4210 East 11th Avenue
Denver, CO 80220

Connecticut
Emelia DeMusis
Program Coordinator
Office of Health Education
State of Connecticut Department
of Health Services
150 Washington Street
Building A, 3rd Floor
Hartford, CT 06106

Delaware
Mark Delmerico
Social Services Administrator
Division of State Service Centers
Department of Health and
Social Services
1901 North DuPont Highway
New Castle, DE 19720

District of Columbia
Robert H. Conn, Ed.D.
Chief
Office of Health Promotion and
Hypertension Control
D.C. Department of Human Services
1875 Connecticut Avenue, NW
Washington, DC 20009

Florida
Sandra Schoenfisch, R.N., Ph.D.
Nurse Consultant
Chronic Disease Program
Department of Health and
Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, FL 32301

Georgia
Mary Johnson
Public Information Director
American Heart Association
P.O. Box 6997
Marietta, GA 30065

Hawaii
Jane Kadohiro, R.N., P.H.N.
Projects Administrator
Public Health Nursing Branch
Hawaii State Department of Health
P.O. Box 3378
Honolulu, HI 96801

Idaho
Joanne Mitten
Health Education Specialist
Health Promotion/Disease
Prevention Section
Idaho Department of Health
and Welfare
450 West State Street, 4th Floor
Boise, ID 83720

Illinois
Sherwood Zimmerman
Chief
Division of Chronic Diseases
Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL 62761

Indiana
Mary Marrs
Chronic Disease Coordinator
Indiana State Board of Health
1330 West Michigan Street,
Room 213
Indianapolis, IN 46206-1964

Iowa
Lorrie I. Graaf, R.N.
Nurse Consultant
Hypertension/Diabetes Program
Bureau of Health Promotion
Iowa Department of Public Health
Lucus State Office Building
Des Moines, IA 50319-0075

Kansas
Mary Ann Humphries
Administrator
Health Education Unit
Bureau of Local Health Services
Kansas Department of Health
and Environment
900 S.W. Jackson
Topeka, KS 66612-0001

Kentucky
David Goodloe
Director
Hypertension Program
Department of Health Services
Cabinet for Human Resources
275 East Main Street
Frankfort, KY 40601

Louisiana
Shirley Kirkconnell, M.S.W., M.P.H.
Administrator
Adult Services
Department of Health and
Human Services
P.O. Box 60630
325 Loyola Avenue, Room 308
New Orleans, LA 70160

Maine
Michael T. Gay
Director
Community High Blood Pressure
Program
Division of Health Promotion
and Education
Bureau of Health
Department of Human Services
State House, Station 11
Augusta, ME 04333

Maryland
Edna Amador
Assistant Director
Maryland Commission on
High Blood Pressure and Related
Cardiovascular Risk Factors
201 West Preston Street
Baltimore, MD 21201

Massachusetts
John Stobierski
Director
Office of Public Information
Department of Public Health
150 Tremont Street
Boston, MA 02111

Michigan
Harlie R. Smith
Hypertension Lead
Eastern Regional Division
Bureau of Community Services
Michigan Department of
Public Health
3500 North Logan Street
P.O. Box 30035
Lansing, MI 48909

Minnesota
Kelly McCoy
Health Education Specialist
Center for Health Promotion
and Education
Minnesota Department of Health
717 S.E. Delaware Street
P.O. Box 9441
Minneapolis, MN 55440

Mississippi
Nancy K. Sullivan
Public Relations Director
Mississippi State Department
of Health
P.O. Box 1700
Jackson, MS 39215-1700

Missouri
Jeannette Jackson Thompson,
M.S.P.H., Ph.D.
Coordinator
Hypertension Control Program
Missouri Department of Health
Bureau of Chronic Diseases
P.O. Box 570
1730 East Elm
Jefferson City, MO 65102

Montana
Robert W. Moon, M.P.H.
Montana Department of Health
and Environmental Sciences
Cogswell Building
Helena, MT 59620

Nebraska
Barbara Pearson
Program Coordinator
High Blood Pressure Control
Program
Nebraska Department of Health
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007

Nevada
Joseph Jarvis, M.D.
State Health Officer
Nevada State Health Division
505 East King Street, Room 201
Carson City, NV 89710

New Hampshire
Elizabeth Donahue-Davis, B.S.
Health Promotion Advisor
Bureau of Health Promotion
Department of Health and
Human Services
6 Hazen Drive
Concord, NH 03301

New Jersey
Reza Bebehanian, M.P.H., H.S.D.
Public Health Consultant
Health Education
New Jersey State Department
of Health
3635 Quakerbridge Road, CN 360
Trenton, NJ 08625

New Mexico
Edna Sceviour, R.N.
Health Services Division
New Mexico Health and
Environment Department
P.O. Box 968
Santa Fe, NM 87504-0968

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New York
Susan Doolittle
Director
Bureau of Health Promotion
Nelson A. Rockefeller
Empire State Plaza
Tower Building, Room 1084
Albany, NY 12237

North Carolina
Meredith Smith
Director, Public Affairs
Department of Human Resources
325 North Salisbury Street
Raleigh, NC 27611

North Dakota
JuLann Wiseman, R.N.
Health Education Nurse Consultant
Health Promotion and Education
State Department of Health and
Consolidated Laboratories
Capitol Building, 2nd Floor
Bismarck, ND 58505

Ohio
Frank Bright
Chief
Division of Chronic Diseases
Ohio Department of Health
246 North High Street, 8th Floor
Columbus, OH 43266-0588

Oklahoma
Shelli Stephens Stidham
Information Rep II
Health Education and
Information Services
Oklahoma State Health Department
P.O. Box 53551
1000 N.E. 10th Street
Oklahoma City, OK 73152

Oregon
Barbara Taylor, M.P.H.
Health Education Consultant
Oregon State Health Division
P.O. Box 231
Portland, OR 97207

Pennsylvania
Robert Ranberg
Chief
High Blood Pressure Control
Program
Pennsylvania Department of Health
P.O. Box 90
Harrisburg, PA 17108

Puerto Rico
Ramon Aixala, M.D.
Director
Hypertension Project
Puerto Rico Department of Health
Building A (Annex D), Box 70184
San Juan, PR 00936

Rhode Island
Janice Cataldo
Community Health Research
Rhode Island Department of Health
103 Cannon Building
75 Davis Street
Providence, RI 02908

South Carolina
Herman Allen
Project Administrator
Division of Chronic Disease
South Carolina Department of
Health and Environmental
Control
2600 Bull Street
Columbia, SC 29201

South Dakota
Paula Goddard, R.N.
Deputy Director
Community Health Nursing
South Dakota Department of Health
523 East Capitol Street
Pierre, SD 57501

Tennessee
Connie Pearson, M.N.
Director
Adult Wellness/Hypertension
Programs
Tennessee Department of Health
and Environment
100 Ninth Avenue North
Nashville, TN 37219-5405

Texas
Margaret Wilson
Public Information Coordinator
Public Health Promotion Division
1100 West 49th Street
Austin, TX 78756

Utah
Joan Ware, R.N.
Director
Cardiovascular Program
Bureau of Chronic Disease Control
Utah Department of Health
288 North 1460 West
P.O. Box 16660
Salt Lake City, UT 84116-0660

Vermont
Marge Hamrell
Director
Health Promotion
Vermont Department of Health
1193 North Avenue
P.O. Box 70
Burlington, VT 05402

Virgin Islands
Anne T. Hatcher
Hypertension Program
Virgin Islands Department
of Health
Charles Harwood Complex
Christiansted
St. Croix, U.S. Virgin Islands 00820

Virginia
Joann Richardson
Health Educator
Division of Chronic Disease Control
Virginia Department of Health
109 Governor Street
717 Madison Building
Richmond, VA 23219

Washington
Jo Wadsworth, R.N., M.A.
Health Educator
Office of Disease Prevention
and Control
Department of Social and
Health Services
Mail Stop LK-13
Olympia, WA 98504

West Virginia
Brian Loshbough
Director
LightHearts
West Virginia Department of Health
1800 Washington Street, East,
Room 413
Charleston, WV 25305

Wisconsin
Mary Manering, R.N.
Cardiovascular Health Consultant
Cardiovascular Risk Reduction
Program
Wisconsin Division of Health
P.O. Box 309
Madison, WI 53701

Wyoming
Menlo Futa
Health Risk Reduction Coordinator
Health and Medical Services
Wyoming Department of Health
and Social Services
Hathaway Building, 4th Floor
Cheyenne, WY 82002

Resources

For Patients and Consumers

• ***Aerobic Exercise***, by Krames Communications [leaflet, 6 pages, 1987]

Explains how aerobic exercise improves health and helps the heart and other muscles use oxygen more efficiently. Shows how to determine target heart rate according to age. Covers the importance of warming up and cooling down properly. Includes checklist for safe enjoyment of aerobics.

Availability:
Order Department
Krames Communications
312 90th Street
Daly City, California 94015-1898
(800) 228-8347;
(800) 445-7267 in California
Order No. 1235
Cost: $0.50 each, 1-24 copies; $0.35 each, 25-199 copies; $0.30 each, 200-499 copies; $0.25 each, 500+ copies.

• ***Blacks Can't Afford to Gamble With High Blood Pressure: The Stakes Are Too High!*** by Southeastern Pennsylvania High Blood Pressure Control Program, Inc. [leaflet, 6 pages, 1985]

Defines high blood pressure, and provides statistics about blacks and high blood pressure. Discusses risk factors (i.e., family history, overweight, salt, fat, lack of exercise, smoking, alcohol, stress, and oral contraceptives), complications, and ways to control high blood pressure.

Availability:
Southeastern Pennsylvania High Blood Pressure Control Program, Inc.
311 South Juniper Street, No. 308
Philadelphia, Pennsylvania 19107
(215) 546-1276
Cost: Free, single copies; bulk rates available

• ***Blood Pressure and You***, by Colorado Hypertension Control Program, Colorado Department of Health [flipchart and accompanying teaching guide, 20" x 25" (flipchart), 24 pages (teaching guide), revised 1985]

Designed for use by new as well as established hypertension control programs in both group and individual settings. Uses cartoon-like illustrations to present basic information about high blood pressure. Teaching guide includes a narrative and concepts for each page of the flipchart and emphasizes specific information directed toward people who have been referred for secondary screening and who are found to have persistently elevated blood pressure readings.

Availability:
Hypertension Control Program
Colorado Department of Health
4210 East 11th Avenue
Denver, Colorado 80220
(303) 320-8303
Cost: $35

• ***CSPI's Fast Food Eating Guide***, by Center for Science in the Public Interest (CSPI) [poster, 18" x 24", 1986]

Presents the calories, fat, sodium, and sugar content of more than 200 fast-foods, including fish, potatoes, chicken, burgers, roast beef, steak, ham, fast-food meals, desserts, milk shakes, breakfast items, and other items. Includes a "Gloom" rating for each item, which reflects the food's *overall* fat, sodium, sugar, and calorie content.

Availability:
Center for Science in the Public Interest
1501 16th Street, NW.
Washington, D.C. 20036
(202) 332-9110
Order No. 94 (paper);
Order No. 94L (laminated)
Cost: $3.95 (paper); $7.95 (laminated)

• ***"E" Is for Exercise***, by American Heart Association [leaflet, 6 pages, revised 1987]

Explains that regular exercise reduces the risk of having a heart attack. Discusses various types of exercise, factors to consider before starting an exercise program, and how to exercise properly. Includes an exercise checklist. Also available in Spanish — ***La "E" Simboloza Ejercicio***.

Availability:
local and state affiliates
American Heart Association
Order No. 51-027-A (English)
Order No. 51-027-B (Spanish)
Cost information available from local and state affiliates

• ***Facts About Strokes***, by American Heart Association [pamphlet, 7 pages, 1987]

Describes what a stroke is, types of stroke, and the warning signals of stroke. Addresses risk factors for stroke that cannot be changed (age, sex, race, diabetes mellitus, and a prior stroke); risk factors that can be changed (high blood pressure, heart disease, transient ischemic attacks, and high red blood cell count); and other risk factors (elevated blood cholesterol and lipids, cigarette smoking, excessive alcohol intake, and obesity). Discusses treatment and rehabilitation following a stroke.

Availability:
local and state affiliates
American Heart Association
Order No. 51-1001
Cost information available from local and state affiliates

• ***Family Food Choices: A Guide to Weight and Diabetes Control***, by Indian Health Service [booklet, 15 pages, 1986]

Provides tips on controlling diabetes by losing weight, restricting fat intake, avoiding sugar, eating more high-fiber foods, and avoiding alcohol. Lists foods to eat often and foods to avoid, suggests healthier replacements for refined foods, and presents guidelines for eating out. Geared to Native Americans.

Availability:
Indian Health Service
Diabetes Program
2401 12th Street, NW.
Room 211N
Albuquerque, NM 87102
(505) 766-3980
Cost: Free, single copies

• **A *Guide to Losing Weight***, by American Heart Association [pamphlet, 16 pages, 1986]

Presents and explains guidelines for successful dieting: (1) Figure out why you want to lose weight; (2) Make sure you need to go on a diet; (3) Examine your eating habits; (4) Expect temptation; (5) Be realistic and expect setbacks; and (6) Plan for rough times. Discusses daily eating habits, and provides a guide for selecting and preparing foods.

Availability:
local and state affiliates
American Heart Association
Order No. 50-034-C
Cost information available from local and state affiliates

• ***Heartline***, by Coronary Club, Inc., in cooperation with Cleveland Clinic Educational Foundation [monthly newsletter]

Provides practical advice on coping with heart disease and cardiovascular risk factors. Includes health articles, diet hints, nutrition information, and questions from heart patients.

Availability:
Heartline
9500 Euclid Avenue
Cleveland, Ohio 44106
Cost: $15, annual subscription (12 issues plus spring and fall pamphlet); $2, sample literature packet

• ***High Blood Pressure***, by Neil B. Shulman, Elijah Saunders, and W. Dallas Hall [book, 138 pages, 1987]

Presents important, up-to-date information consumers can use to: determine if they are at risk of developing high blood pressure; understand the dangers and causes of the disease; interpret what the "numbers" of blood pressure readings mean; know what the doctor's examination consists of and what the tests are for high blood pressure; and learn what they must do to help control their blood pressure. Provides latest information about high blood pressure drugs and their side effects and interactions with other medications.

Availability:
Macmillan Publishing Company
866 Third Avenue
New York, New York 10022
Cost: $14.95

• ***High Blood Pressure Fact Sheet***, by American Heart Association [fact sheet, 2 pages, 1986]

Defines blood pressure, systolic and diastolic pressure, and high blood pressure. Explains why high blood pressure is unhealthy and that it usually has no symptoms. Discusses uncontrollable risk factors (age, race, heredity, and sex); controllable risk factors (obesity, sodium sensitivity, alcohol consumption, oral contraceptives, and lack of exercise); and the most common treatments for high blood pressure — losing weight (if overweight), reducing intake of salt (sodium), exercise, and medication. Statistics, high-risk populations, and general information are also covered.

Availability:
local and state affiliates
American Heart Association
Order No. 51-057-A
Cost information available from local and state affiliates

• ***Living Habits and Hypertension***, by Asian/Pacific Islander Task Force on High Blood Pressure Education and Control [pamphlet, 12 pages, 1982]

Examines effects of living habits on high blood pressure. Addresses physical activity, food habits, snacks, holidays and special occasions, stress and relaxation, alcohol, and smoking. Available in English, Cambodian, Chinese, Japanese, Korean, Laotian, Tagalog, and Vietnamese.

Availability:
Hypertension Council of
the Bay Area
Association of
Bay Area Governments
P.O. Box 2050
Oakland, CA 94604-2050
(415) 464-7962
Cost: Free, single copies

• ***Managing Stress***, by Krames Communications [leaflet, 6 pages, 1987]

Provides four relaxation techniques to reduce stress. Highlights the importance of developing a positive lifestyle. Encourages readers to find ways to reduce stress, and provides sample solutions for stressful day-to-day situations. Suggests avoiding known stressors when possible and taking a break to help ease stress levels. Includes stress awareness checklist.

Availability:
Order Department
Krames Communications
312 90th Street
Daly City, California 94015-1898
(800) 228-8347;
(800) 445-7267 in California
Order No. 1234

Cost: $0.50 each, 1-24 copies; $0.35 each, 25-199 copies; $0.30 each, 200-499 copies; $0.25 each, 500+ copies

• ***Nutrition***, by Krames Communications [leaflet, 6 pages, 1987]

Helps readers evaluate their nutritional patterns and create a plan to improve their diets. Explains how a low-cholesterol, high-fiber diet can significantly reduce the risks of heart disease and colorectal cancer. Provides a chart of the six major nutritional groups (e.g., protein, dairy, complex carbohydrates, fruits and vegetables, fat, and water). Stresses a low-cholesterol, low-salt, low-sugar, high-fiber diet. Includes checklist to help readers assess their nutrition.

Availability:
Order Department
Krames Communications
312 90th Street
Daly City, California 94015-1898
(800) 228-8347;
(800) 445-7267 in California
Order No. 1233
Cost: $0.50 each, 1-24 copies; $0.35 each, 25-199 copies; $0.30 each, 200-499 copies; $0.25 each, 500+ copies

For Health Professionals

• ***Clinical Hypertension***, fourth edition, by Norman M. Kaplan [book, 492 pages, 1986]

Focuses on significant advances made in recent years, and provides a practical, rational approach toward hypertension management. Pays most attention to the most common problems — i.e., almost half of the text is devoted to primary (essential) hypertension. Covers every form of hypertension, and includes the latest data. Attempts to be objective and to identify biases clearly.

Availability:
Williams & Wilkins
428 East Preston Street
Baltimore, Maryland 21202
Cost: $54.95

• ***Coronary Risk Factor Modification in Children: Exercise***, by the Committee on Atherosclerosis and Hypertension in Childhood of the Council on Cardiovascular Disease in the Young, American Heart Association [statement for physicians, 3 pages, 1986]

Encourages physicians to develop in children a desire to be physically active that will persist through adolescent and adult years. Exercise habits can lead to the maintenance of a more efficient cardiovascular system and reduce other atherosclerotic risk factors. Recommends how this goal can be achieved. Discusses how exercise habits are fostered, precautions and special problems, and exercise testing.

Availability:
local and state affiliates
American Heart Association
Order No. 72-2010
Cost information available from local and state affiliates

• ***Counseling the Culturally Different***, by Derald W. Sue [book, 303 pages, 1981]

Provides a conceptual framework for recognizing that human and cultural diversity deserves increased sensitivity and awareness. Describes some of the central cultural characteristics as well as cultural and historical perspectives of varying ethnic groups in the United States, claiming that without this information, it is unethical to counsel persons of different cultures. Addresses concepts common to most ethnic minorities as well as the uniqueness of each group. Presents detailed counseling methods and implications for blacks, Asians, Hispanics, and native Americans. Presents a series of actual case vignettes portraying cross-cultural counseling issues and dilemmas to be used for helping students and professionals to develop their sensitivity, knowledge, understanding, and skills in counseling the culturally different.

Availability:
Order Department
John Wiley & Sons, Inc.
1 Wiley Drive
Somerset, New Jersey 08873
(212) 850-6418
Cost (if prepaid): $29.95 plus purchaser's local sales tax

• ***Hypertension Control for Nurses and Other Health Professionals***, second edition, by Mahendr S. Kochar and Karyn D. Woods [book, 333 pages, 1985]

Contains information for nurses and other health professionals on epidemiology and critical issues in hypertension control; blood pressure regulation and pathophysiology of hypertension; clinical pharmacology of antihypertensive drugs; evaluation of hypertensive patients; treatment of hypertension; counseling hypertensives; compliance with antihypertensive therapy; organization of a clinic for hypertension detection, treatment, and research; a multidisciplinary approach to patient education; and hypertension control at the worksetting.

Availability:
Springer Publishing Company, Inc.
536 Broadway
New York, New York 10012
(212) 431-4370
Cost: $24.95

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Other Sources of Information

American Heart Association
National Center
7320 Greenville Avenue
Dallas, Texas 75231

Contact the national center if unable to locate a state or local affiliate.

Develops materials, conducts programs and training, and provides individual and group support. Distributes pamphlets, fact sheets, and audiovisuals on high blood pressure, smoking, exercise, diet, and general cardiovascular disease risk reduction to the public and health professionals.

American Red Cross
National Headquarters
18th and E Streets, NW.
Washington, D.C. 20006

Contact the national headquarters if unable to locate a nearby chapter.

Distributes pamphlets on high blood pressure to the public and health professionals. Offers health education programs such as *The Lowdown on High Blood Pressure*, a course for hypertensive patients and their families; *How to Measure Blood Pressure*, a teaching module for laypersons and health professionals; and *Better Eating for Better Health*, a basic nutrition education course. Provides outreach to minorities and the elderly. Check with local chapters for additional courses and materials. Fees are determined by local chapters.

Food and Drug Administration
Office of Consumer Affairs
5600 Fishers Lane (HFE-88)
Rockville, Maryland 20857
(301) 443-3170

Distributes publications on prescription drugs, medical devices, and food-related subjects including sodium, cholesterol, and vitamins. (Many of these publications are reprints from the FDA *Consumer* magazine, which is published 10 times a year.) Also serves as the focal point for consumer inquiries on FDA-related topics such as food labeling and nutrition.

Food and Nutrition Information Center
U.S Department of Agriculture
National Agricultural Library
10301 Baltimore Boulevard
Room 304
Beltsville, Maryland 20705
(301) 344-3719

Acquires and lends books, journal articles, and audiovisuals on various aspects of human nutrition, including alcohol, hypertension, sodium, fad diets, sports, older Americans, and vegetarianism. Provides reference assistance for consumer and professional inquiries on nutrition. Houses extensive collection of microcomputer software for nutrition education, dietary analysis, and food service management, which is available for onsite preview.

National Cholesterol Education Program
National Heart, Lung, and Blood Institute
C-200
Bethesda, Maryland 20892
(301) 951-3260

Conducts educational programs, and distributes messages and materials to health professionals, patients, and the public to foster the lowering of elevated blood cholesterol levels and to provide necessary information and skills to use dietary changes and drugs appropriately to reduce cholesterol. Responds to inquiries from professionals and the general public.

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, Maryland 20852
(301) 468-2600

Gathers and disseminates current information on alcohol and drugs. Responds to inquiries from the general public and professionals. Develops publications and bibliographies on topics relating to alcohol and drugs. Distributes a variety of publications on alcohol and drug abuse.

National Council on Patient Information and Education
1625 I Street, NW.
Suite 1010
Washington, D.C. 20006
(202) 466-6711

Conducts educational campaigns on issues relating to patient education and responsibility. Develops educational materials on prescription drugs, and disseminates them to health professionals and consumers.

NHLBI Smoking Education Program
Dept. HI
National Heart, Lung, and Blood Institute
National Institutes of Health
Bethesda, Maryland 20892
(301) 951-3260

Offers publications and audiovisuals for use by health professionals in smoking cessation programs. Distributes a variety of materials on smoking to consumers.

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ODPHP National Health Information Center
Office of Disease Prevention and Health Promotion
P.O. Box 1133
Washington, D.C. 20013-1133
(800) 336-4797 outside Washington metropolitan area
(202) 429-9091 in Washington metropolitan area

Serves as a central source of information and referral for the health questions of consumers and health professionals. Refers health questions to appropriate health resources that, in turn, respond directly to inquirers. Produces directories, resource guides, and bibliographies on health topics. Develops and distributes *Healthfinder*, a series of resource lists on selected health topics such as exercise for older Americans, community health promotion programs, health risk appraisals, minority health, and stress.

President's Council on Physical Fitness and Sports
450 5th Street, NW., Room 7103
Washington, D.C. 20001
(202) 272-3430

Provides information and consultation in the areas of exercise, physical fitness, and sports to help public and private organizations assess and reduce health risks and motivate individuals to lead healthier, more active lifestyles. Conducts public information campaigns targeted to various populations. Publishes bimonthly newsletter covering the council and other national programs.

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Reproducible Materials

Part II

Go for Your Goal:
Be a Champion of Control

Reproducible Materials

Part II

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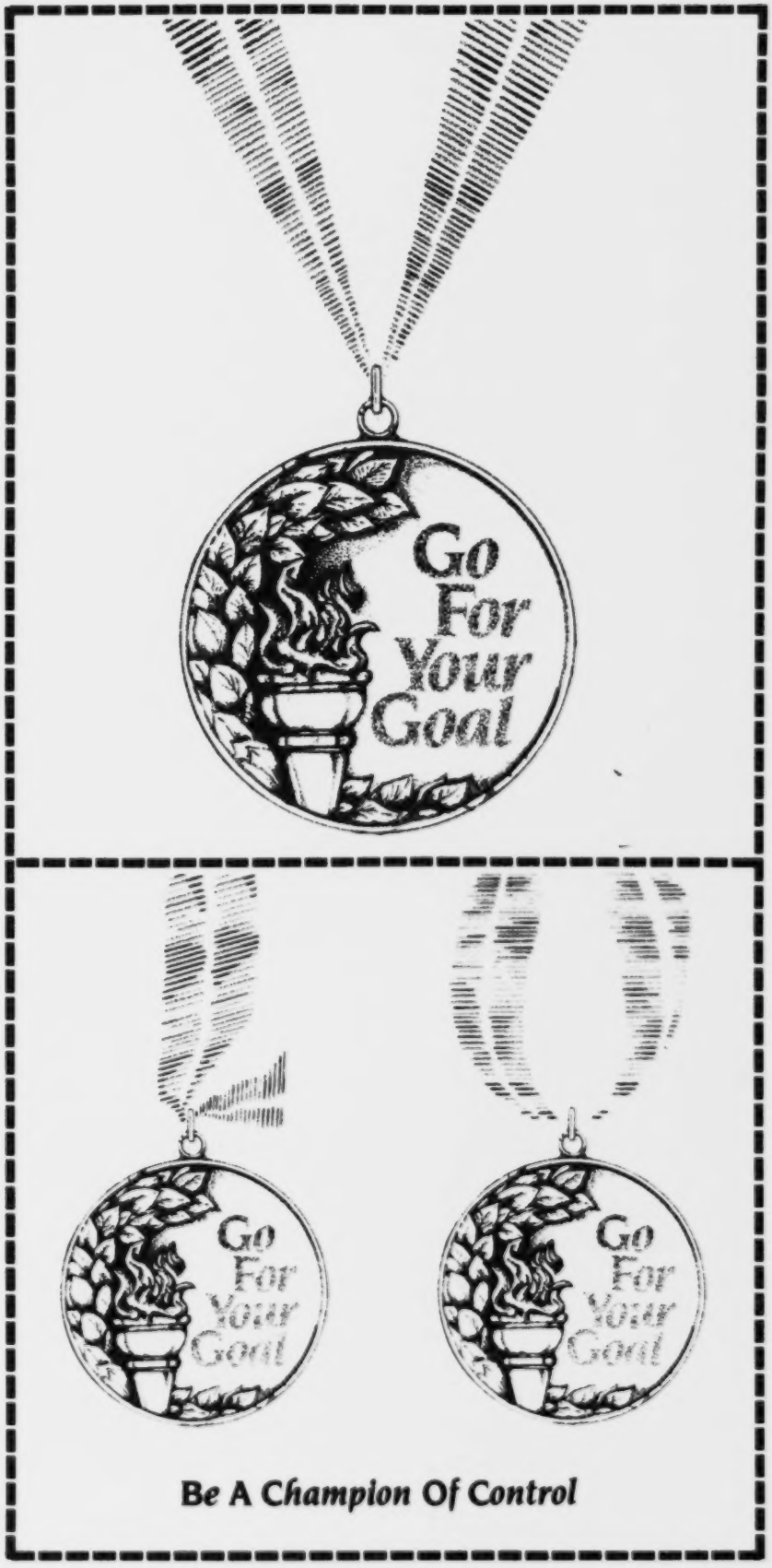


Reproducibles for Health Professionals

Keep the health professionals on your team informed of the latest developments in high blood pressure control with these reproducible materials. Use the fact sheet, adherence tips, and relevant materials found in Reproducibles for Consumers as:

- Handouts at meetings, workshops, and conferences
- Copy for newsletter articles
- Inserts in periodic mailings
- Basic background information.

High Blood Pressure Update

Definition

High blood pressure in adults is defined as two or more blood pressure measurements averaging 140 mm Hg or higher systolic or 90 mm Hg or higher diastolic, taken on three separate occasions.

Prevalence Data

Approximately 58 million adult Americans, or more than one in four, have high blood pressure. Anyone can have high blood pressure, but it is more common among older Americans. The prevalence of hypertension also differs by sex and race, as depicted below.

Morbidity and Mortality

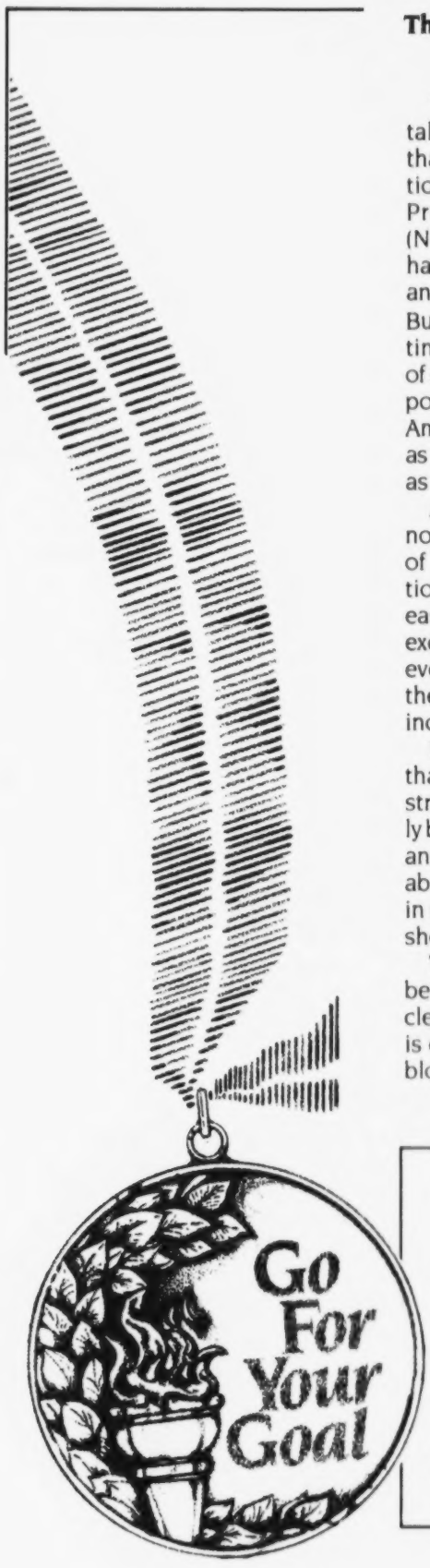
Uncontrolled high blood pressure can lead to stroke, heart attack, coronary heart disease, congestive heart failure, kidney failure, and arteriosclerosis. High blood pressure contributes directly or indirectly to about 1 million deaths a year.

High blood pressure is the major factor contributing to the 500,000 strokes and 155,000 stroke deaths that occur in the United States every year. High blood pressure also contributes to the 1.5 million heart attacks and 567,000 heart attack deaths in our country every year. Heart disease is the leading cause of death for American men and women of all races.

Hypertension and Prevalence Rates by Sex, Race, and Age
Civilian, Noninstitutionalized Population
(Ages 18-74 Years) 1976-80

	MALES			FEMALES			TOTAL		
AGE IN YEARS	Whites (%)	Blacks (%)	All Races (%)	Whites (%)	Blacks (%)	All Races (%)	Whites (%)	Blacks (%)	All Races (%)
18-74	32.6	37.9	33.0	25.3	38.6	26.8	28.8	38.2	29.8
18-24	16.2	10.9	15.2	2.3	9.6	3.5	9.1	10.2	9.2
25-34	21.1	23.2	20.9	5.7	15.3	6.9	13.3	18.8	13.7
35-44	26.4	44.2	28.4	16.6	37.0	19.3	21.3	40.1	23.7
45-54	42.6	55.2	43.7	36.3	67.4	39.1	39.4	61.7	41.3
55-64	51.4	66.3	52.6	50.0	74.3	52.6	50.6	70.7	52.6
65-74	59.2	67.1	60.2	66.2	82.9	67.5	63.1	76.1	64.3

Source: NHANES II.
*Defined as the average of three blood pressure measures $\geq$ 140/90 mm Hg on a single occasion or reported taking of antihypertensive medication.



The Stroke Belt

The age-adjusted stroke mortality rate has declined by more than 50 percent since the inception of the National High Blood Pressure Education Program (NHBPEP) in 1972. This decline has benefitted Americans, male and female, of all ages and races. But the black population has continued to experience a higher rate of stroke deaths than has the white population, even though black Americans as a group are as aware, as treated, and almost as controlled as are white Americans.

An examination of this phenomenon led to the identification of the "stroke belt," a concentration of stroke deaths in the southeastern United States. With the exception of Florida and Maryland, every state in this region was in the top two intervals denoting the incidence of stroke deaths.

Further examination indicated that stroke mortality rates in the stroke belt were elevated primarily because the rates for black males and black females were considerably higher in the Southeast than in other regions of the country, as shown below.

The reasons for these differences between blacks and whites are not clearly understood. The NHBPEP is examining factors such as high blood pressure control rates, obesity, dietary habits, and cigarette smoking. This situation has warranted the initiation of NHBPEP activities and interventions in the southeastern United States, particularly within the black community.

End-Stage Renal Disease

End-stage renal disease (ESRD) is that stage of renal impairment that is irreversible and permanent. It requires dialysis or kidney transplantation to ameliorate uremic symptoms and maintain life.

High blood pressure, with heart and renal disease, is the primary diagnosis for almost 25 percent of newly diagnosed ESRD patients. Diabetes, with heart and renal disease, is the primary diagnosis for approximately the same percentage of newly diagnosed ESRD patients.

ESRD patients first became eligible for Medicare benefits on July 1, 1973. Currently, between 90 percent and 93 percent of ESRD patients are covered by Medicare; the majority of other ESRD patients are in the Veterans Administration health system or are covered by private insurance.

The number of Medicare recipients with ESRD ranged from 16,000 in 1974 to more than 92,800 in 1984. Eighty percent of these are on dialysis; the others have re-

1980 Stroke Mortality Rates
Age-Adjusted per 100,000, by Region

	South	All Other Regions
White Male	75.8	74.7
White Female	75.4	70.1
Black Male	136.3	95.7
Black Female	98.6	85.2
Total	82.8	73.6

ceived transplants. Annual Medicare reimbursements have ranged from $228.5 million to close to $2 billion during this time, with reimbursement per ESRD patient ranging from $14,300 to more than $21,000. Although ESRD patients represent only one-fourth of 1 percent of Medicare recipients, they account for 3.7 percent of total Medicare expenditures.

It is likely that these very high costs for health care would have been even higher, had it not been for the widespread success in controlling high blood pressure during the past 15 years. An even more concerted effort to control high blood pressure will contribute significantly to reducing these costs in the future.

High Blood Pressure and Diabetes

High blood pressure and diabetes mellitus are commonly associated diseases that coexist in more than 2.5 million Americans, particularly in the socioeconomically disadvantaged. High blood pressure contributes substantially to morbidity and mortality in the diabetic population.

Essential hypertension accounts for the majority of cases of high blood pressure in the diabetic population. Diabetic nephropathy, which occurs in one out of three persons with insulin-dependent diabetes mellitus after 15 years of diabetes, is an important cause of high blood pressure. Other causes of high blood pressure in diabetic patients are similar to those in the general population. It is estimated that only half of the number of persons with diabetes and hypertension have their high blood pressure controlled.

Prevalence rates for diabetes differ by sex and race and increase with age, as shown below.

Prevalance of Diabetes in Adults Age 20 to 74 Years, by Race, Sex, and Age: United States 1976-80

Race and sex	Total, 20-74 years	Age 20-44 years	45-54 years	55-64 years	65-74 years
All races[1]			Percent of population		
Both sexes	6.6	2.0	8.4	12.8	17.7
Male	5.7	1.5	7.8	9.6	19.2
Female	7.3	2.5	9.0	15.5	16.5
White					
Both sexes	6.2	1.6	8.1	11.9	16.9
Male	5.3	1.0	7.7	9.0	18.1
Female	7.0	2.2	8.5	14.6	16.1
Black[2]					
Both sexes	9.6	3.1	12.9	20.8	25.8
Male	8.4	2.7	11.0	14.4	29.4
Female	10.5	3.5	14.5	25.4	23.1

1. Includes races other than white or black.
2. Sex and age estimates for black persons are presented for information only. They are too unreliable to be considered national prevalence estimates.

Source: National Center for Health Statistics (NHANES II).

From One Professional to Another

Tips on Improving Patient Adherence

Many health professionals find it a constant challenge to help patients control their high blood pressure. Some have found new and innovative ways to help their patients adhere to treatment. The following tips provide a few of the different approaches used by practitioners to improve patient adherence. You might find their methods useful in your own practice.

- For 6 months, a group of California pharmacists tracked patients taking antihypertensive drugs. Reminder cards were sent to patients shortly before prescriptions were due to be refilled. These pharmacists found that 65 percent of those who received a reminder card refilled their prescriptions in a timely manner, compared to 46 percent of the control group. The reminder card increased adherence to medication by 41 percent. Practitioners used ei-

ther a computer program or a manual recording system to track patients' scheduled refills and level of medication. Both methods resulted in greater adherence to treatment. (*Increasing Patient Compliance Through the Pharmacy*, Inland Counties Health Agency, Riverside, California)

- Marvin Mordkoff, M.D., a New York cardiologist, instituted a phone-in program for patients to report their weekly progress in following treatment instructions. Patients sign a contract and agree to phone the office once a week. These patients agree to pay a fine if they do not call in. The calls are handled by Dr. Mardkoff and a registered dietitian. Patients state how well they have managed to lose weight, change eating patterns, exercise more, cut down or quit smoking, and so on. Fines are only imposed when a patient fails to call in; no fines are assessed for calling in to report little or no progress, or even a backslide. Even patients who have not reached their weekly goal are encouraged to continue efforts toward their treatment goals. (*Medical World News*, May 25, 1987)

- Charles Cook, M.D., of Raleigh, North Carolina, found that better communication (i.e., increased counseling) resulted in 95-percent adherence among his patients, including hypertensive black males. He spends about 35 minutes with patients on their first visit, 15 to 20 minutes on their second visit, and from 10 to 15 minutes on subsequent visits. On each visit, his assistants gather nicknames, family member names, favorite sports, and other data for a "social behavior inventory," which allows Dr. Cook to communicate on a more familiar basis than in the usual physician-patient relationship. Three days after a visit, patients receive a letter with a record of their blood pressure, the date of their next visit, and specific recommendations regarding diet and drugs. Dr. Cook initiates verbal contracts with his patients. He believes that efforts such as these work to improve physician-patient communication and help avoid adherence problems among his patients. (*American Medical News*, May 2, 1986.)

- Bernard W. D. Fong, M.D., a Hawaiian physician, sees mostly Asian patients who have a strong work ethic and intense pride in their children. He finds worksite blood pressure screening and school health education programs particularly effective in increasing adherence to antihypertensive therapy among this population. (*Hypertension Highlights*, Vol. 8, No. 1, 1987.)

Donald O. Fedder, Dr.P.H., of the Office of Community Pharmacy Programs, University of Maryland, suggests the following tips for improving adherence to treatment.

- Do not assume that patients purposefully disregard their therapy program. Many patients do not understand what to do or how to do it.

- Ask open-ended questions, which require more than "yes" or "no" answers, to discover reasons for nonadherence.

- Have a good idea of how many modifiable risk factors (e.g., weight, alcohol consumption, smoking, cholesterol level, sodium intake) patients have before establishing a treatment program. Do not expect patients to change all behaviors at once.

- Set short-term goals for modifiable risk factors. For example, suggest that overweight patients try to lose 3 to 4 pounds by the next appointment; avoid challenging them with 50-pound weight loss goals.

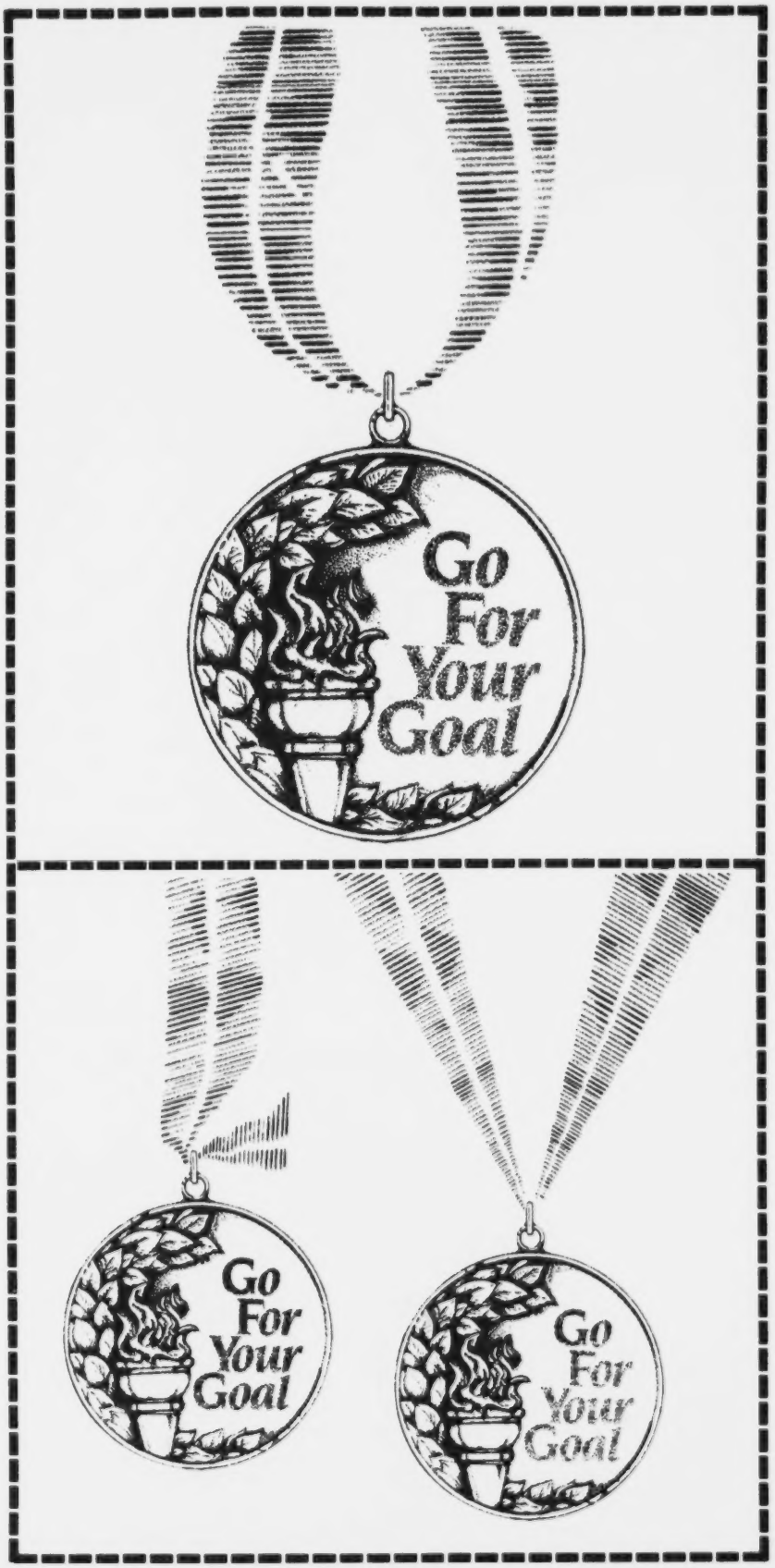
- Record small successes for patients. Reinforce any positive behaviors. Congratulate patients who lose 2 pounds, and discuss how to maintain and even increase that weight loss.

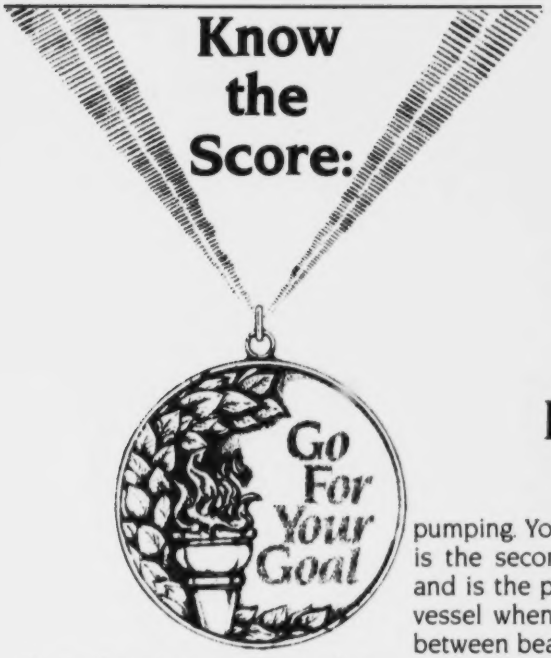
- Give specific instructions for all phases of treatment (e.g., taking medication, modifying diet). Remember that not all patients are the same, and they should not all be treated in the same manner. List what patients need to do, then assess each individual's need for information, intervention, or reinforcement so that they can achieve their goal — to adhere to therapy and control their high blood pressure.

Reproducibles for Consumers

Distribute these "training tips" to patients and other consumers interested in going for their goal. Information on weight control, nutrition, exercise, and therapy adherence as well as games, payroll stuffers, and wallet cards can be used as:

- Handouts at screenings, events, presentations, and meetings
- Leaflets at hospitals and clinics
- Inserts in mailings or paycheck envelopes
- Articles and fillers for newsletters
- Bulletin board notices.





Facts About High Blood Pressure

Know the score. Find out what your blood pressure measurement is and what it means. Learn the facts about high blood pressure and how it can be treated and controlled.

Blood pressure is the force of blood as it moves through the blood vessels. If blood cannot flow easily through the vessels, the force increases. If the force is too great, you have **high blood pressure**.

High blood pressure is a **serious** disease. It increases the workload on the heart and blood vessels and can lead to heart disease, stroke, or kidney problems.

High blood pressure usually has **no symptoms**. It doesn't hurt, and it usually doesn't make a person feel sick or dizzy or nervous.

The only way to know if you have high blood pressure is to have it **checked regularly** by a health professional. Having your blood pressure measured is quick and painless. It is done by placing a cuff around your arm and measuring the force of blood against the inflated cuff.

Your blood pressure is recorded in two numbers. Your **systolic pressure** is the first recorded number and is the pressure in the blood vessel when the heart is pumping. Your **diastolic pressure** is the second recorded number and is the pressure in the blood vessel when the heart is resting between beats.

If your blood pressure reading is consistently **140/90** mm Hg or higher, you are at increased risk for heart disease, stroke, and kidney problems. You should see your doctor for followup and possible treatment.

In more than 90 percent of the cases, no one knows what causes high blood pressure. However, some people are at **greater risk** than others for developing the disease.

- **Older persons** are more likely to have high blood pressure than are younger persons.
- People with a **family history** of high blood pressure are more likely to develop the disease than are those with no high blood pressure in their family.
- **Blacks** are more likely to have high blood pressure and develop the disease earlier in life than are whites.

High blood pressure **cannot be cured**, but it **can be controlled**. Common **treatments** for high blood pressure are listed below. Treatment usually must be continued for life to keep blood pressure under control.

- **Taking prescribed medication.** Follow instructions exactly. Don't skip dosages or stop taking medication without a doctor's advice.
- **Controlling weight.** Lose any extra pounds by cutting back on calories and getting regular exercise.
- **Reducing salt (sodium) intake.** Avoid foods with high sodium content. Use less salt in cooking and at the table. Use more herbs instead of salt for flavor. Eat more fresh fruits and vegetables.
- **Moderating alcohol intake.** Follow doctor's guidelines for limiting alcohol intake.
- **Increasing exercise.** Get regular, vigorous exercise such as brisk walking, swimming, or jogging.

One in every four American adults has high blood pressure. It is estimated that many more have the disease but are unaware of their illness. Be sure you know the score. Have your blood pressure checked regularly. Be aware of the risks of high blood pressure. If you have high blood pressure, follow the treatment your doctor has prescribed, and be a champion of control.

Measure Up!
Track Your Goal at Home With Blood Pressure Measurement Devices

Be a champion of control, and reach your blood pressure goal! Many individuals with high blood pressure use blood pressure measurement devices at home to track the progress of the program their physician has prescribed. With proper safeguards, self-measurement can allow you to be more actively involved in your treatment program. It can help you see the effects of medications or lifestyle habits on your blood pressure, and it can help your doctor make decisions about your treatment.

If your doctor recommends self-measurement of blood pressure, be sure to get instructions for taking accurate measurements, maintaining your equipment, and keeping accurate records. Before selecting a measurement device, acquaint yourself with the necessary equipment, and work with your doctor or nurse in selecting the device that works best for you.

Equipment

To measure your blood pressure, you will need two pieces of equipment.

- A **sphygmomanometer** is a device that measures your blood pressure. This piece of equipment usually includes an inflatable cuff, a column of mercury or a gauge to record the blood pressure level, and a control valve to adjust the rate of deflation of the cuff.

- A **stethoscope** or a **microphone** is a device that detects the sound of your blood as it moves in your artery.

These two pieces of equipment are combined in different ways to form three different kinds of measurement devices: a **mercury sphygmomanometer**, an **aneroid manometer**, and an **electronic/digital readout device**. Blood pressure measurement devices should be used with proper medical supervision, and they should be checked periodically for accuracy (calibrated). The chart below shows the advantages and disadvantages of each type of device and gives guidelines for calibration.

Three Types of Home Blood Pressure Measurement Devices

Mercury Sphygmomanometer

- *Description*
  Has glass measurement gauge in which a column of mercury rises and falls as pressure in the cuff rises and falls. Requires stethoscope.

- *Advantages*
  - Most accurate and reliable instrument when properly used.
  - The standard for blood pressure measurement.
  - Rarely needs calibration.
  - Contains easily replaceable parts.

- *Disadvantages*
  - Bulky and relatively heavy to carry.
  - Has breakable glass parts.
  - Potential leaks of toxic mercury.
  - Must be kept in upright (vertical) position.
  - Requires good hearing.

- *Calibration*
  - Calibrated when manufactured.
  - Recalibration unnecessary as long as mercury column is exactly at zero when cuff is deflated.
  - If mercury column is not at zero or the mercury is dirty, return to manufacturer for cleaning and calibration.

- *Consumer Tips*
  Mercury is a toxic substance. Inspect mercury unit carefully for leaks or loose beads of mercury before using the equipment. If free mercury is present, return the device to its dealer.

Aneroid Manometer

- *Description*
  - Displays blood pressure on circular dial with needle that moves clockwise as pres-

sure in the cuff rises and counterclockwise as pressure in the cuff falls.
  - Requires stethoscope, which in some models is permanently attached to the cuff.

- *Advantages*
  - Compact and easy to carry.
  - Gauge functions in any position.
  - Relatively inexpensive.
  - Doesn't contain mercury.

- *Disadvantages*
  - Requires good eyesight and hearing.
  - Must be calibrated at least once a year.
  - Requires expert repair and readjustment by trained technician.

- *Calibration*
  - Calibrate at least once a year or whenever the needle on gauge does not measure zero when cuff is deflated.
  - Have a trained technician perform calibration (contact a local medical supply house, or ask your health care professional where calibration can be performed).

- *Consumer Tips*
  Do not buy an aneroid manometer with a hidden stop pin near the zero point on the dial. This feature could prevent you from knowing when the device needs calibration.

Electronic/Digital Readout Device

- *Description*
  - Battery-operated, automated device that uses microphone to detect the sound of blood moving through artery.
  - Blood pressure is automatically displayed on dial or digital readout.

- *Advantages*
  - Easy to handle.
  - Does not require stethoscope.
  - Can be operated by hearing-impaired persons.
  - Most units are easy to carry.
  - Some units have automatically inflated cuffs.

- *Disadvantages*
  - Accuracy influenced by outside factors such as body movement.
  - Relatively expensive.
  - Requires battery.
  - Complex and sensitive equipment.
  - Requires calibration more than once a year.

- *Calibration*
  Must be calibrated more than once a year.

- *Consumer Tips*
  Electronic devices depend on batteries for their operation. To prevent inaccurate readings, units should alert you when the battery runs down either by a warning light or by ceasing to work entirely.

Important Points to Remember

- It is important to follow the proper techniques for measuring blood pressure. Have a health care professional teach you how to use and maintain your equipment. For help, contact your doctor's office, a local medical supply house, pharmacy, hospital, health care clinic, health department, or voluntary health agency such as a local affiliate of the American Red Cross, the American Heart Association, or the National Kidney Foundation. Be sure to ask for written instructions.

- When you first get your measurement device home, check its accuracy against readings taken by a doctor or nurse. Also, have a health professional observe your measurement technique to make sure you are doing it correctly.

- Inaccurate equipment can result in false readings. Inspect your equipment frequently, and have it calibrated according to guidelines listed on the previous chart.

- Most home blood pressure measurement devices come equipped with a standard-sized cuff. A cuff that is too large or too small will result in false readings. Check with your doctor or nurse to be sure your cuff fits properly.

- Remember that your blood pressure may vary from day to day or from hour to hour. Body position, noise, physical activity, stress, smoking, and medicines can affect your blood pressure measurement. Readings can vary by as much as 20 to 30 mm Hg within the course of a day. Don't be alarmed by these changes, but discuss any concerns with your doctor.

- Don't change your blood pressure medicine or other treatment based on your home blood pressure readings. Always consult your doctor before making any changes.

- Home blood pressure measurement is not a substitute for a medically supervised treatment program. Regular visits to a doctor or other health professional are still important for controlling your blood pressure.

Monitoring your blood pressure at home and teamwork with your doctor can help you become a champion of high blood pressure control. With proper use and supervision, home measurement devices can help you to track progress toward your blood pressure goal and allow you to take an active role in your own health care.

Rate Your Weight

Being significantly overweight is harmful to your health and may in fact shorten your life. Obesity increases the risk of not only high blood pressure, but also diabetes, heart disease, and many other health problems. Some overweight people may be at greater risk than others. For example, recent research shows that people who tend to have their fat concentrated in their waist and abdomen rather than the thighs and buttocks may be more prone to health problems such as high blood pressure that often go along with obesity.

How Much Should You Weigh?

A variety of methods are used to determine desirable weight. But remember that desirable weight is only a guideline. Your ideal weight should be the weight that is the healthiest for you. Discuss this with your doctor. In the meantime, here is one common weight calculation method to get you started.

Are You Fit or Fat?

Remember that height/weight charts don't tell the whole story. Your desirable body weight is also related to the size of your frame — small, medium, or large — and you can't change your basic body structure. While you may never look like a fashion model or body builder, your real goal should be to obtain a desirable weight for your body frame, age, and health; you want to be fit, not fat. Weight charts such as the one shown previously can help you decide if you have a weight problem; however, such charts don't relate weight to fitness. The best goal is to be fit — to feel good and move well while maintaining desirable weight. Some people who weigh more than the chart may still be fit because their extra weight is muscle, not fat. Other people who are within the desirable weight range for their height are not fit because a high percentage of their body weight is fat. For these people, an appropriate exercise plan is very important. Excess weight is a problem when those extra pounds are fat. Many people are both overweight and "overfat." What about you? Answer these practical questions to see if you might be overfat.

- Are you wider at the waist than at the chest?
- Can you look down and see your toes without bending over?
- Pinch a fold of skin from the back of your upper arm. Is it more than an inch thick?

If you answered yes to any of these questions, you are probably

Desirable Body Weight Ranges

Height without shoes	Weight without clothes	
	Men (pounds)	Women (pounds)
4'10"		92-121
4'11"		95-124
5'0"		98-127
5'1"	105-134	101-130
5'2"	108-137	104-134
5'3"	111-141	107-138
5'4"	114-145	110-142
5'5"	117-149	114-146
5'6"	121-154	118-150
5'7"	125-159	122-154
5'8"	129-163	126-159
5'9"	133-167	130-164
5'10"	137-172	134-169
5'11"	141-177	
6'0"	145-182	
6'1"	149-187	
6'2"	153-192	
6'3"	157-197	

Note: For women 18-25 years, subtract 1 pound for each year under 25.

Source: Adapted from the 1959 Metropolitan Desirable Weight Table.

carrying around excess body fat. Losing excess body fat and body weight will require both exercise (to burn extra calories) and dieting (to cut intake of calories). Work with your doctor, registered dietitian, or other health care practitioner to establish a weight loss and exercise plan that meets your specific needs.

Setting a Weight Goal

When starting a weight loss program, be realistic about how much weight you can lose and how fast you can lose it. Your first goal should be to lose half of the weight needed to reach your desirable body weight. When you reach that weight goal, talk to your doctor or registered dietitian about losing more.

Determining Your Weight Loss Goal

To determine your total desirable weight loss, subtract your goal weight from your current weight.

Example

Current weight	160
Final goal weight	-120
Total desirable weight loss	40

If your total desirable weight loss is more than 10 pounds, divide it by 2 to determine the pounds you need to lose to reach your *first* weight loss goal (e.g., 40 divided by 2 = 20).

Example

Current weight	160
Half of total desirable weight loss	- 20
First goal weight	140

You should try to have a steady weight loss of 4 to 8 pounds a month, or 1 to 2 pounds a week. Set monthly weight loss goals rather than one large goal. Decide how much you can lose a month. Using the example above, it would take 10 weeks to lose 20 pounds. You must make a long-term commitment to weight loss if you want to succeed. Use the following chart to keep track of your progress.

If you are not losing weight, ask yourself if you eat too much, exercise too little, or have set an unrealistic weight loss goal.

Avoid gimmicks and fad diets that promise miracles. They can be very dangerous. They are appealing because they promise quick and easy weight loss. But unless a diet is nutritionally balanced — as many fad diets are not — it could be harmful. Diets that encourage little or no eating, diets that promote heavy eating of one kind of food, and very-low-calorie diets can all cause health problems. Such diets do not promote long-term healthy eating habits. Fad diets often require drastic changes, which are hard to maintain. That's why most people go off their diet and end up not losing weight or even gaining more weight.

Here are some tried and true calorie-cutting tips to help you get started with the weight loss game.

- Avoid second helpings of higher-calorie foods, and gradually cut back on serving sizes.
- Eat low-calorie versions of foods that you like.
- Go easy on foods that are high in fat or sugar.
- Limit your intake of alcoholic beverages.
- Roast, broil, steam, or poach foods rather than frying them.
- Select lean cuts of meat, and trim visible fat.
- Remove skin from poultry before cooking.
- Use spices and herbs for seasoning instead of sauces, butter, or margarine.
- Use low-fat dairy products.

You can be a winner at the weight loss game. But winning means changing your old eating and exercise habits. Start today, but give yourself some time to learn these new habits. You can succeed.

Monthly Weight Goal	***Goal Date***	***Actual Weight Loss***

Fast-Track Food Facts:

Eating Tips for People With High Blood Pressure

For many people, the fast pace of American life demands meals that keep up with that lifestyle. Fast-food restaurants (e.g., hamburger eateries, fried chicken carry-outs) often meet this need quickly and relatively inexpensively. However, the convenience of fast foods does not always mean good nutrition.

The fast foods served in these eateries are frequently high in calories, fat, and salt, all of which make it harder to control your weight and sodium intake. Since being overweight is known to increase your chances of developing high blood pressure, choose fast foods carefully to help control your high blood pressure.

But how do you know which foods are high in calories, fat, and sodium? And how do you decide where to eat? Many fast-food restaurants have published information about the calorie, fat, and sodium content of their menu items. Ask for one of these nutrient brochures at your local restaurant, or write to the headquarters of these restaurants (addresses are provided at the end of this article). Calorie, fat, and sodium values can vary significantly from item to item and from one restaurant to another. To get you started, here are some general tips to keep in mind when eating at fast-food restaurants.

To reduce your calorie and fat intake

- Fast-food breakfasts tend to be higher in fat, calories, and cholesterol than are other meals. Choose cereal with low-fat milk, fruit or juice, plain toast, English muffin, fruit muffin, or bagel. Plain pancakes are much lower in fat and cholesterol than are breakfast sandwiches. Just remember not to add butter, and go light on the maple syrup.

- Virtually all fast-food breakfast sandwiches are high in fat. If you do order one of the sandwiches that also include meat, the best choice would be one made with Canadian bacon, the leanest of all breakfast meats. Sausage sandwiches are the highest in fat and calories.

- Choose broiled, baked, or grilled chicken or fish when possible. If fried is the only choice on the menu, remove the breading or skin.

- Eating deep-fried chicken or fish with batter or breading offers no reduced-calorie or reduced-fat advantage over red meat. In fact, a plain roast beef sandwich has half the fat of a fried breast of chicken or fried fish sandwich.

- Extra crispy fried chicken has more calories and fat than regular fried chicken.

- Mashed potatoes (even with a small amount of gravy) are much lower in fat and calories than are french fries. And onion rings have even more fat and calories than do french fries.

- The baked potato starts out as a low-fat food. However, when you add cheese, bacon, and the works, the calories double, and the fat value skyrockets. A better bet is to add a small amount of margarine and then add vegetables from the salad bar, such as chopped green onion, and perhaps a tablespoon of shredded cheese.

- Use small amounts of ketchup and mustard as condiments. They are lower in calories and fat than are mayonnaise and mayonnaise-based sauces. But even ketchup and mustard must be used in moderation if you're watching your sodium intake.

- Salad bars are a healthy option offered at many fast-food restaurants. When lining up at the salad bar, choose lettuce or another variety of greens, and stick with the plain fresh fruits and vegetables. To cut down on calories and fat, avoid mayonnaise-based items such as potato salad, macaroni salad, and pasta salad. Items such as bacon bits and cheese can quickly add calories and fat. Use salad dressing sparingly. A tablespoon of most salad dressings contains about 100 calories.

- Soft ice cream has the lowest calories and fat of most desserts generally available on fast-food menus. A plain soft ice cream cone has around 190 calories and 5 grams of fat. Cookies and pies have about 100 calories more, and a much higher percentage of their calories come from fat.

- Request low-fat or skim milk.

- Ask what kind of fat is used to fry foods at the restaurant. Avoid items that have been fried in beef fat, lard, coconut oil, or palm oil.

To reduce your sodium intake

- Order sandwiches without the pickle (93 mg sodium). Use small amounts of ketchup (180 mg per tablespoon) and mustard (180 mg per tablespoon). Cheese adds 200 to 400 mg of sodium per slice.

- Skip the bacon bits, pickled vegetables, cheese, olives, and croutons at the salad bar.

- French fries are not as high in sodium as most people think. They taste salty because all the salt is sprinkled on the outside of the fries. Ask the counterperson to hold the salt, and you'll save yourself of couple hundred milligrams of sodium.

- Order pizza with vegetables such as mushrooms, green peppers, and onion. Skip the pepperoni, sausage, and ham.

Fast-food meals can be either laden with calories, fat, and salt or relatively low in calories and healthy. The next time you eat in a fast-food restaurant, remember, you can eat wisely and healthy if you make the right choices.

Ask the Doctors

High blood pressure control is a team effort between patients and their health care professionals. It is important that people with high blood pressure talk openly with their doctors, pharmacists, nurses, etc., to find out answers to questions they have about their treatment. Here, a panel of distinguished physicians has answered some of the most common questions asked about high blood pressure.

Q. How often should I have my blood pressure measured?

A. **Edward D. Frohlich, M.D.**: Most individuals should have their blood pressures measured at least once every 2 years. Individuals at increased risk (persons with a family history of high blood pressure or other cardiovascular diseases, who are black or obese, who use oral contraceptives, or who consume excessive amounts of alcohol) should have their blood pressure measured at least once every year.

Q. When I have my blood pressure measured, which number is more important, the upper or lower number?

A. **Ray W. Gifford, Jr., M.D.**: Both are important. Studies indicate that both systolic (the upper or "pumping") and diastolic (the lower or "resting") pressure can predict possible cardiovascular complications such as stroke and heart disease. For persons older than age 50, the systolic blood pressure seems to be more important than the diastolic pressure in predicting cardiovascular disease. Even when the diastolic blood pressure is normal, elevation of systolic blood pressure (so-called isolated systolic hypertension) increases risk of heart attack and stroke.

Q. Are certain people more likely to develop high blood pressure?

A. **Marvin Moser, M.D.**: Individuals with a family history of high blood pressure are more likely to develop it. People who are overweight (obese), sedentary, and have had high salt intake from early childhood or infancy are also more likely to develop high blood pressure. High blood pressure is also more common in blacks. Although there is no definitive proof, those individuals under chronic stress over long periods of time may be more susceptible to developing high blood pressure. It has not been proven whether or not individuals who eat less potassium or calcium than required are more likely to develop high blood pressure.

Q. If my parents have high blood pressure, will I automatically get it?

A. **Marvin Moser, M.D.**: A child's chances of developing high blood pressure are greater if both parents have it than if only one parent is affected. However, many children of hypertensive parents never develop high blood pressure. In families where there is a strong positive history, it is advisable to limit salt and sodium intake and to prevent the children from becoming heavy or obese. It is also a good idea to have blood pressures checked at age 3 and again at adolescence. If a trend toward elevated blood pressure is noted, something can be done about it before any problems occur.

Q. Is it natural for blood pressure to rise with age?

A. **Ray W. Gifford, Jr., M.D.**: No. In most industrialized societies, systolic and diastolic blood pressure tends to rise with age. In my opinion, this rise is due to physical changes in the heart and large blood vessels that are related to high-sodium, low-potassium diets, physical inactivity, and weight gain with increased age. This trend does not occur in less developed societies and tribes in the South Pacific islands and the rain forests of Brazil. These so-called "low-blood-pressure" societies have low-sodium, high-potassium diets; are very active physically; and do not tend to gain weight with age.

Q. If I lose the extra pounds I've gained, will I be able to stop taking my high blood pressure medication?

A. **Edward D. Frohlich, M.D.**: The best answer to this question is "perhaps." Recent studies show that some individuals with mild high blood pressure who were placed on diet therapy to reduce weight, sodium, and alcohol consumption could be taken off antihypertensive medication and maintain adequate blood pressure control for 1 to 4 years. However, these individuals had had their blood pressure well controlled for several years with drugs before the studies, and it is not yet known how long their blood pressure will remain under control without drug therapy. In any event, numerous studies have shown that losing weight does help lower blood pressure. So, even if you cannot completely eliminate your medicine, it may be possible to lower the dose. Patients who are on so-called "step-down therapy" should always be carefully monitored by their doctor.

Q. If I am feeling well, can I skip my blood pressure medication?

A. **Marvin Moser, M.D.**: Most patients with high blood pressure have no symptoms. Therefore, it is difficult for individuals to judge whether their blood pressure is under control. In our experience, most people need medication on a daily basis to control their blood pressure.

Q. Will I always have to take my medication every day?

A. **Marvin Moser, M.D.**: There are some instances, after blood pressure has been well controlled, when the longer-acting drugs (such as one of the beta blockers or diuretics) can be used every other day or three times a week to control blood pressure. In a few cases, after normal blood pressure has been established for 1 to 2 years, it is possible to reduce the medication or eliminate it. This is especially true if patients remain on a low-salt diet, keep their weight down, and exercise regularly.

Q. What should I do if I am experiencing side effects from my high blood pressure medicine?

A. **Ray W. Gifford, Jr., M.D.**: Do not stop taking the medication. Instead, consult with your doctor. Fortunately, we now have a large variety of blood pressure drugs that allow doctors to be flexible when establishing regimens for individual patients. Not only should drugs effectively reduce blood pressure, they should also be relatively free of side effects. If they are not, dosages can be reduced or other drugs substituted until a satisfactory regimen is achieved. Even within classes of drugs, it is possible to find variation with regard to side effects. In other words, some patients tolerate one beta blocker better than another or one calcium channel blocker better than another. Your doctor can work with you to find the medicine that lowers your blood pressure with no, or the fewest, side effects.

Q. How accurate are blood pressure measurement devices for consumers?

A. **Edward D. Frohlich, M.D.**: Most nonelectronic mercury and aneroid home blood pressure measurement devices used with a standard stethoscope are reasonably accurate. Consumers Union recently tested 36 electronic and mechanical monitors for accuracy and ease of use. The ratings indicated that electronic models were the simplest to use; however, as a group, the mercury and aneroid devices were often more accurate than the electronic units. According to the American Heart Association and the American Red Cross, home blood pressure measurement devices should be checked for accuracy (calibrated) at least once a year. This can be done at your physician's office. With proper safeguards and medical supervision, most blood pressure measurement devices for consumers are sufficiently accurate for home use.

Edward D. Frohlich, M.D., is Alton Ochsner Distinguished Scientist and Vice-President for Academic Affairs for the Alton Ochsner Medical Foundation, and Staff Member, Hypertensive Diseases, for the Ochsner Clinic in New Orleans, Louisiana. Ray W. Gifford, Jr., M.D., chairs the Department of Hypertension and Nephrology at the Cleveland Clinic Foundation, Cleveland, Ohio. Marvin Moser, M.D., is Clinical Professor of Medicine at the Yale University School of Medicine, and Senior Consultant to the National High Blood Pressure Education Program.

Go for Your Goal: Exercise Regularly

The heart, like every other muscle in the body, needs to stay in good condition to work effectively. Regular exercise, designed to increase heart rate, also increases the strength and stamina of both the heart and the body.

Regular exercise is one of the best things you can do for your health. People who develop good exercise habits are rewarded with a variety of benefits: the heart pumps blood more efficiently; the lungs develop greater capacity; bones are strengthened; and balance is improved. As a result, individuals who exercise regularly feel better and look better, have more energy, and can control their weight. In some cases, regular exercise helps to control blood pressure and helps smokers to stop smoking. Best of all, exercising can be easy. You don't have to be a superstar athlete or sink your life savings into special equipment. Physical activity can be fun, inexpensive, and safe.

There are many different types of exercise programs, but some activities improve the condition of your heart and lungs better than others. To improve the efficiency of the heart *and* increase the amount of oxygen that the body can produce, your exercise program should consist of **aerobic** (pronounced "air-o-bic") activities -- such as walking, swimming, dancing, biking, and hiking — that involve rhythmic motion of the legs and arms. People with high blood pressure who perform aerobic exercise regularly under a doctor's supervision usually achieve a slower resting heart rate that is of long-term benefit to the cardiovascular system.

Perhaps the easiest aerobic exercise program is *walking* because it does not require special facilities or equipment other than a safe place to walk and comfortable, well-fitting shoes. Shoes should be lightweight and flexible with sufficient arch support and cushioning for the bottom of your feet. Wear comfortable, loose-fitting clothing appropriate for the weather.

To improve the efficiency of your heart and lungs and to burn off extra calories, walking must be **brisk** (raising heart and breathing rate), **sustained** (performed at least 15 to 30 minutes without interruption), and **regular** (repeated at least three times a week).

Before setting off on the day's brisk walk, be sure to warm up your muscles first. Walk slowly for about 5 minutes, and then gradually build up your exercise pace. Starting slowly allows the body's temperature, pulse rate, and respiratory rate to speed up gradually and reduces the chance of injury. Similarly, slowing your pace gradually at the end of your brisk walking session allows your body to cool down and readjust after the demands of exercise. The following chart below illustrates a sample walking program. Notice that the time spent exercising is increased slowly over a period of weeks and that the program includes both a "warm-up" and a "cool-down" period. Repeat each of the sessions listed three times during the appropriate week.

How you feel is probably the best indicator of how hard you should push yourself. Exercise should make you sweat a bit and breathe more rapidly and deeply than usual, but you should still be able to carry on a conversation. Listen to your body. If you find exercising too tiring, take a little longer to build up your exercise time. Otherwise, you'll only wind up in pain, convinced that exer-

cise is not for you before you've given it a fair chance. Remember, exercise should leave you feeling pleasantly tired, not exhausted or racked with pain.

Check with your doctor before making significant changes in your level of exercise. Remember, exercising should be enjoyable and, for maximum benefit, should be performed regularly. Being a "weekend" athlete and participating in "on-again, off-again" fitness programs may actually do more harm than good. Decide to begin a regular exercise program, and stick with it. Tell your friends of your commitment, and, if you can, find an exercise partner. You can help each other to avoid slacking off and skipping sessions. Remember that the goal is a long and healthy life, so go for your goal: exercise regularly!

Sample Exercise Program

(Adapted from the Pawtucket Heart Health Program)

	Warm Up	Exercise Period	Cool Down	Total
Week 1	Walk slowly 5 minutes	Walk briskly 5 minutes	Walk slowly 5 minutes	15 minutes
Week 2	Walk slowly 5 minutes	Walk briskly 7 minutes	Walk slowly 5 minutes	17 minutes
Week 3	Walk slowly 5 minutes	Walk briskly 9 minutes	Walk slowly 5 minutes	19 minutes
Week 4	Walk slowly 5 minutes	Walk briskly 11 minutes	Walk slowly 5 minutes	21 minutes
Week 5	Walk slowly 5 minutes	Walk briskly 13 minutes	Walk slowly 5 minutes	23 minutes
Week 6	Walk slowly 5 minutes	Walk briskly 15 minutes	Walk slowly 5 minutes	25 minutes
Week 7	Walk slowly 5 minutes	Walk briskly 18 minutes	Walk slowly 5 minutes	28 minutes
Week 8	Walk slowly 5 minutes	Walk briskly 20 minutes	Walk slowly 5 minutes	30 minutes
Week 9	Walk slowly 5 minutes	Walk briskly 23 minutes	Walk slowly 5 minutes	33 minutes
Week 10	Walk slowly 5 minutes	Walk briskly 26 minutes	Walk slowly 5 minutes	36 minutes
Week 11	Walk slowly 5 minutes	Walk briskly 28 minutes	Walk slowly 5 minutes	38 minutes
Week 12	Walk slowly 5 minutes	Walk briskly 30 minutes	Walk slowly 5 minutes	40 minutes

Go for Your Goal: No Smoking

Both high blood pressure and smoking are known risk factors for heart disease. The combination of these two risk factors greatly increases the probability of disease. So people should not only control their blood pressure, but they should also quit smoking.

Some Commonly Asked Questions About Smoking and High Blood Pressure

- Will smoking cause my blood pressure to rise?

  Cigarette smoking temporarily elevates blood pressure; it also makes the heart work harder. While no scientific evidence directly links smoking to high blood pressure, smoking is a risk factor for heart disease. Cigarette smokers are two to three times more likely to have heart attacks than are nonsmokers. And following a heart attack, a smoker has a poorer chance of recovery. The simple truth is that people should not smoke cigarettes, especially if they have high blood pressure.

- High blood pressure, smoking, and obesity are some of the risk factors for heart disease. How can I possibly control all these risk factors?

  Controlling several risk factors is not as hard as it might seem at first because many are related. Controlling one risk factor often helps control others. Also, by achieving one goal, you strengthen your ability to achieve others. For example, once you quit smoking, you'll realize that you are indeed a winner. This will make it easier to accomplish other personal goals that are important to you. Attempt one change at a time. For example, if you're trying to quit smoking, concentrate all your efforts on that goal. This may not be the best time to lose those extra 20 pounds. Once you've quit smoking, you may find it easier to exercise, and exercise will help you lose weight in the long run.

- I've known some people who have smoked for 30 or more years, and they haven't developed heart disease, high blood pressure, emphysema, or any of the other diseases associated with smoking. Why should I be concerned?

  Not everyone smokes the same amount, and not everyone develops chronic diseases from smoking. But the chances are so much greater for smokers than for nonsmokers that it does not make sense to take such a risk.

- Is there a "safe" number of cigarettes that I can smoke each day?

  No. Cutting down on the number of cigarettes smoked daily can reduce but not eliminate the ill effects on health. Smoking even a few cigarettes raises blood pressure temporarily and makes the heart work harder. Cutting down is a step in the right direction, but not nearly as effective as quitting.

- I've been smoking for more than 20 years. Will it do me any good to quit now?

  It's never too late to quit. No matter how long you've been smoking, the body begins to repair damaged cells as soon as you quit, and the heart and lungs begin to function better. Even if you've already developed a chronic disease, you may help prevent the disease from getting worse if you quit smoking.

- Are there immediate benefits to quitting smoking?

  Yes. Quitting smoking puts less strain on the heart since it does not have to work as hard. Even one cigarette can cause the heart to beat an extra 200 or 300 times. The smoker's cough disappears after quitting. Skin temperature stabilizes since the small blood vessels are no longer constricted by nicotine. The wrinkling process that shows up as crow's feet around the eyes goes back to normal. Your breath and clothing no longer smell like tobacco. Bacteria and food debris that become trapped on the tongue are loosened. Also, you immediately start to save the money that otherwise would be going up in smoke. And, of course, you enjoy the immeasurable personal satisfaction of overcoming a harmful habit.

- Don't I need strong willpower to quit smoking?

  Millions of people who believe that they have little or no willpower have successfully quit smoking. Many psychologists believe that there is no such thing as willpower. Quitting smoking requires strong motivation to quit and a personal commitment to change motivation into action. Some people benefit from a well-designed program to guide them.

- Will I gain weight if I stop smoking and increase the risk of developing high blood pressure?

  Some people do gain weight, some experience no change, and others even lose weight. To some extent, this depends on whether you substitute food for cigarettes. If you do gain weight, it is best to quit smoking completely first, then concentrate on your diet and physical exercise to control weight. Deciding on a smoke-free life strengthens your ability to achieve other goals in life as well.

- Is there a "best" way to quit smoking?

  There's no best way to stop smoking — not in the sense that one method works better than others for all smokers. "Cold turkey" may be the best way for those who are capable of doing so. But many smokers who quit, even those who claim to have done so cold turkey, actually prepared for it over time. Unless you are truly prepared to quit, it may be better to strengthen your motivation, develop an understanding of the reasons you smoke, and prepare yourself to cope with the cravings or urges you have to smoke after you quit. Otherwise, your chances of going back to former smoking practices are increased. Some smokers need a group program, where they share experiences and successes with their peers. Others need personalized attention from a smoking cessation professional. Some smokers benefit from hypnosis, shock therapy, or smoking-cessation drugs under the direction of a physician. Still others just quit "cold turkey." If in doubt, consult a specialist. You'll be glad you did, and so will your heart.

Meet the Challenge of Control:

Tips for Reaching Your Blood Pressure Goal

Working for Control

If you have high blood pressure, ask your doctor exactly what you can do to control it and what your blood pressure goal should be for your age and medical condition. By working toward this goal, you can take an active role in your own health care. Reaching your goal can mean reducing your chances of having a stroke, heart disease, and kidney damage.

Teaming Up With Your Doctor

Controlling your high blood pressure calls for teamwork between you and your doctor. Here are ways you can work with your doctor to treat and control your high blood pressure.

- Keep your doctor's appointments. If you must cancel an appointment, be sure to schedule another visit as soon as possible. Mark your appointment dates on your calendar. Ask the doctor's office staff to remind you of your appointment. Ask about evening and weekend hours if necessary.

- Prepare for doctor visits. Make notes of the problems you are having. Keep a list of all the medicines you are taking, including nonprescription drugs. Write down all the questions you have for your doctor.

- Talk to your doctor. Ask any questions you have about your doctor's instructions, and ask for these instructions to be written down. Describe any problems you are having following your doctor's advice. Discuss any concerns or fears you have about your condition and treatment. Ask about your latest blood pressure measurement, ask what the numbers are and what they mean, and talk about the progress you are making toward your blood pressure goal.

- If your doctor prescribes medicine, ask about the name and purpose of the drug; how and when to take it; possible side effects and what to do if they occur; and what foods, drinks, and other medicines to avoid while you are taking your prescription. Ask for written information on the medicine you are taking.

- Ask about generic drugs, which are often much cheaper than brand name drugs.

- Give your doctor time to find the treatment that works best for you — the one that lowers your blood pressure with the fewest side effects.

Taking Your Medicine

If you are prescribed medicine to control your high blood pressure, you must take it every day according to your doctor's instructions. This means building new habits. Here are tips to help you take your medicine properly.

- Try to take your medicine at the same time each day. Combine this activity with daily routines. If you take one pill a day, keep your medicine near something that is part of your morning routine, such as your tooth-

brush. If you take several pills a day, ask your doctor if you can take them with meals. If so, keep your medicine on the dining table.

- If you take more than one medicine, count out the day's pills in advance and keep them in separate containers that are labeled with the time you should take them.

- Keep a medication calendar that you can mark each time you take a dose of your medicine. Also mark when you will need to refill your prescription.

- Carry a pill box with a 1-day supply of your medicine in your pocket or purse when you leave your house. If you are traveling, be sure to carry your medicine in your hand luggage. Refill prescriptions before going on out-of-town trips.

- Don't skip taking your medicine because you feel good. If you miss a dose, call your doctor for instructions to get back on schedule. Do not take an extra dose for ones you've missed. If you notice any side effects, tell your doctor. Do not change dosages or stop taking your medicine without your doctor's specific instructions.

- Always refill your prescription *before* you run out of pills. Keep almost-empty medicine bottles handy and in the open as a reminder to get prescriptions refilled. Ask your pharmacist if there is a system for reminding you to refill your prescription, such as receiving a postcard or telephone call from the pharmacy.

- If you have trouble reading medicine labels, ask your pharmacist for large type on the label. Some people color code their medicine bottles and write dosage information on a piece of paper the same color as the bottle.

- If child-proof safety caps are hard for you to remove, ask your pharmacist for easy-to-open caps. Ask your doctor to write on your prescription that you need easy-off caps.

Asking Others to Help

Your family, friends, and community service organizations can be part of your high blood pressure control team. Here are some ways you can ask others to help you reach your blood pressure goal.

- Ask your spouse or other close relative to go with you to the doctor. They can ask questions and learn what they can do to help you reach and maintain your blood pressure goal.

- Ask your spouse, another family member, or a neighbor to remind you to take your medicine, refill your prescriptions, keep your doctor's appointments, and follow your diet.

- It is easier to make diet changes if the whole household is on the same diet plan. If you are cutting calories and reducing salt and alcohol in your diet, ask your spouse and other household members to join you in this healthy habit.

- If transportation is a problem, ask a relative or neighbor to drive you to doctor's appointments. Try to find a drugstore that delivers prescriptions.

- Ask social service agencies and public health departments about special programs that might offer assistance for prescription costs, insurance questions, transportation, and other problems.

Staying in Control

Once you have started to work toward your blood pressure goal, you may be surprised to find it easier and less complicated than you thought it would be. A good way to see progress toward your goal is to keep your own record of your blood pressure measurements. After each doctor's visit, write down your measurement on a chart and see how close you are getting toward your goal.

Remember, because high blood pressure cannot be cured, you must control it for the rest of your life. Once you have reached your goal and your blood pressure is controlled, you must continue to follow your prescribed treatment. If you stop treatment, your blood pressure may rise again, increasing your chances of stroke, heart disease, and kidney damage. See your doctor for regular checkups, and continue to follow his or her advice. Meet the challenge of high blood pressure control!

You and Your Heart: A Page for Young People

Your body has many parts and systems. One very important system involves your heart and the network that carries blood to the rest of your body. The heart and its network are called the **cardiovascular system**.

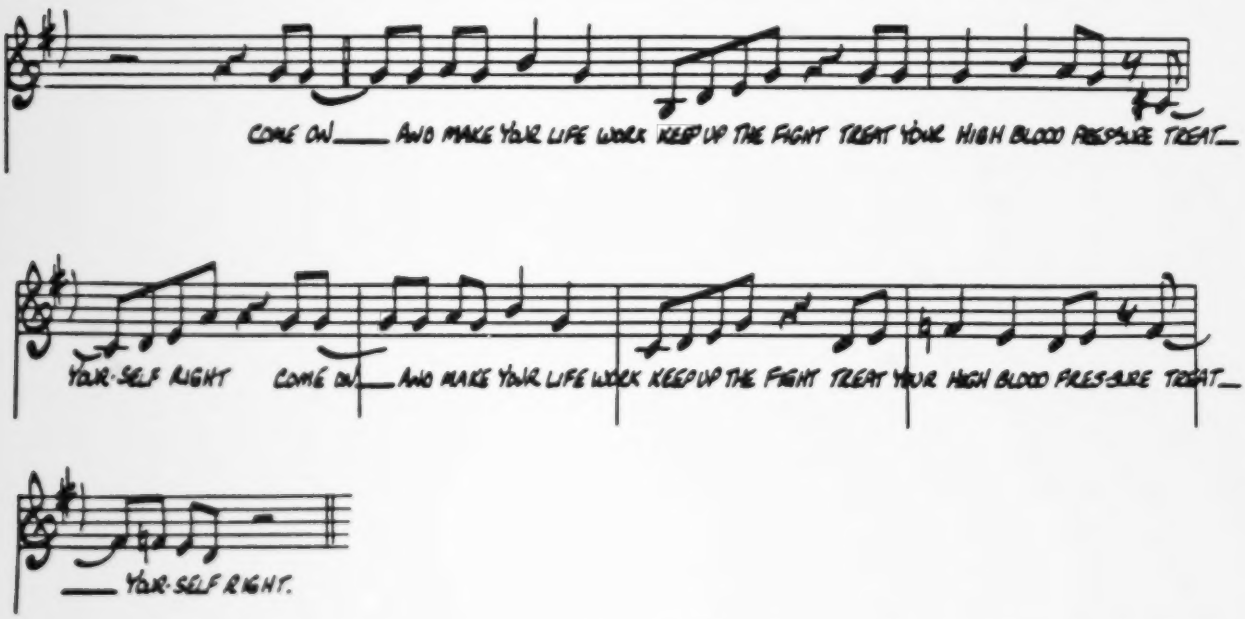
The heart is a hollow, strong muscle that is located in the center of your chest. It is the size of a fist and is divided into four parts or chambers, two on the right side, two on the left side. Blood that is pumped by the heart makes a complete circle as it travels in your body. First, the blood travels through the **arteries** carrying blood with oxygen and food to other parts of the body. Next, the blood enters the **capillaries**, the smallest blood vessels in the body. The capillaries exchange the food and oxygen sent by the arteries for waste products and carbon dioxide. Next the blood travels through the veins and is returned to the heart. The heart is continually pumping blood to all parts of your body.

Blood pressure is the force needed to circulate the blood as it travels through your body. High blood pressure is when the force is too strong within the walls of the arteries. High blood pressure is a serious condition and can cause heart disease, stroke, or kidney disease. It is important to practice good health habits when you are young so that your heart will stay strong and healthy when you are older. This is one way to avoid developing high blood pressure.

To keep your heart strong and healthy, you need to eat the right kinds of foods, get proper amounts of exercise and rest, and never smoke. A heart-healthy diet is one that is low in cholesterol, saturated fat, and salt, and gives you all of the vitamins and minerals you need. You should also avoid foods that are high in calories and have very few vitamins and minerals. These foods include things like candy, desserts, fried foods, and heavily salted foods.

Exercise helps to keep you and your heart in good shape, and it makes you feel better, too. Take part in regular physical education classes at school and stay active during vacation times by walking, swimming, and joining in other sports that you enjoy.

If you have heart-healthy habits when you are young, you have a good chance of preventing high blood pressure or certain kinds of heart disease when you are older.

Here's a song that will help you remember to think about high blood pressure and your heart.

COME ON ___ AND MAKE YOUR LIFE WORK KEEP UP THE FIGHT TREAT YOUR HIGH BLOOD PRESSURE TREAT_
YOUR-SELF RIGHT COME ON ___ AND MAKE YOUR LIFE WORK KEEP UP THE FIGHT TREAT YOUR HIGH BLOOD PRESSURE TREAT_
___ YOUR-SELF RIGHT.

Payroll Stuffer

Today, one in every four Americans has high blood pressure. High blood pressure is the leading cause of strokes and a major cause of heart attacks.

There's no better feeling than to know that you can control your hypertension by taking the pills your doctor has given you, losing weight, exercising, and cutting down on salt. Go for your goal and be a champion of high blood pressure control. Treat yourself right by controlling your high blood pressure.

So, make your life work; keep up the fight. Treat your high blood pressure; treat yourself right.

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So, make your life work; keep up the fight. Treat your high blood pressure; treat yourself right.

26

Wallet Card

Go For Your Goal

Name _____

Doctor's Name _____

Doctor's Phone Number _____

Medication(s) _____

_____

Goal Blood Pressure _____/ _____

Goal Weight _____

Blood Pressure Record

Date	Blood Pressure	Weight	Next Appt
	/		
	/		
	/		
	/		
	/		
	/		
	/		

Questions to Ask the Doctor

_____

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Go For Your Goal

Name _____

Doctor's Name _____

Doctor's Phone Number _____

Medication(s) _____

_____

Goal Blood Pressure _____/ _____

Goal Weight _____

Blood Pressure Record

Date	Blood Pressure	Weight	Next Appt
	/		
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Questions to Ask the Doctor

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Go For Your Goal

Name _____

Doctor's Name _____

Doctor's Phone Number _____

Medication(s) _____

_____

Goal Blood Pressure _____/ _____

Goal Weight _____

Blood Pressure Record

Date	Blood Pressure	Weight	Next Appt
	/		
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	/		

Questions to Ask the Doctor

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The "Wheel of Health" Game

Read the clue for each group of words or phrases. Then fill in the missing letters to solve the puzzle.

A. Uncontrolled high blood pressure can lead to:

1. __ EA __ __ A __ __ A __ __

2. S __ __ O __ E

3. __ I __ __ E __
__ AI __ U __ E

B. Things you should do to control your high blood pressure:

4. E __ E __ __ I __ E
__ E __ U __ A __ L __

5. FO __ __ OW
__ O __ TO __ __
O __ __ E __ S

6. CO __ __ RO __ __ OU __
__ EI __ H __

7. SEA __ O __ WI __ __
HE __ __ S IN __ __ EA __
O __ __ AL __

8. MA __ E A
CO __ MI __ ME __ T

9. FO __ __ O __ __ OU __
RE __ I __ E __ __ AI __ Y

10. SE __ GOA __ __

11. TA __ E YOU __
__ IL __ __

12. EA __ F __ ES __
F __ UI __ __ A __ D
VE __ ETA __ __ ES

C. People who will be happy if you control your high blood pressure:

13. __ A __ I __ Y

14. F __ IE __ __ __

15. __ OU __ __ O __ TO __

D. Key words to remember when controlling your high blood pressure:

16. __ Y __ E __ TE __ __ IO __

17. P __ ES __ __ I __ __ IO __

18. __ E __ I __ A __ IO __

19. CO __ MI __ __ E __ T

20. __ I __ E __ I __ E

21. CO __ __ __ O __

22. C __ EC __ U __

23. T __ E __ A __ Y

24. HEA __ __ __ Y

25. WE __ L- __ EI __ __

Answers to "Wheel of Health" Game:

A. Uncontrolled high blood pressure can lead to:
1. heart attack
2. stroke
3. kidney failure

B. Things you should do to help control your high blood pressure:
4. exercise regularly
5. follow doctor's orders
6. control your weight
7. season with herbs instead of salt
8. make a commitment
9. follow your regimen daily
10. set goals
11. take your pills
12. eat fresh fruits and vegetables

C. People who will be happy if you control your high blood pressure:
13. family
14. friends
15. your doctor

D. Key words to remember when controlling your high blood pressure:
16. hypertension
17. prescription
18. medication
19. commitment
20. lifetime
21. control
22. checkup
23. therapy
24. healthy
25. well-being

Reproducible Certificates

Recruit and reward participants in the team effort to promote high blood pressure control with these certificates. Use these materials to:

- Encourage patients to go for their goal and adhere to their high blood pressure regimen.
- Recognize the contribution of volunteers to high blood pressure control in your community.

Salute a Champion
Certificate of Recognition

This is to recognize the volunteer contributions of

_____

for being part of the team of
high blood pressure control in our community.

Your championship effort to help keep high blood pressure
under control is helping Americans lead longer, healthier lives.

This certificate is awarded to you with appreciation!

Signed _____

Title _____

Organization _____

City, State _____

Date _____

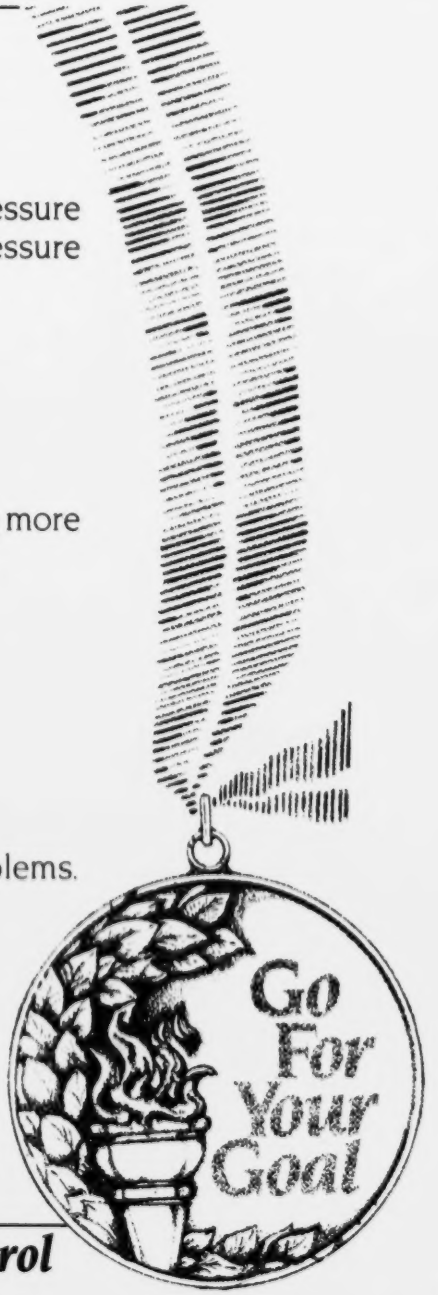
Rx for Champions

Being a champion means never quitting, and that goes for high blood pressure control as much as anything else. I want to be a champion of high blood pressure control. Starting now, I am going to:

- Take my medication every day
- Control my weight
- Eat right, including restricting sodium and alcohol, reducing fats, and eating more fresh fruits and vegetables
- Exercise regularly
- Quit smoking cigarettes
- Get regular checkups
- Follow my doctor's orders, and talk to him or her if I have any questions or problems.

I'm in training to be a champion of high blood pressure control. I'm going to work at it every day. I'm going for my goal and winning!

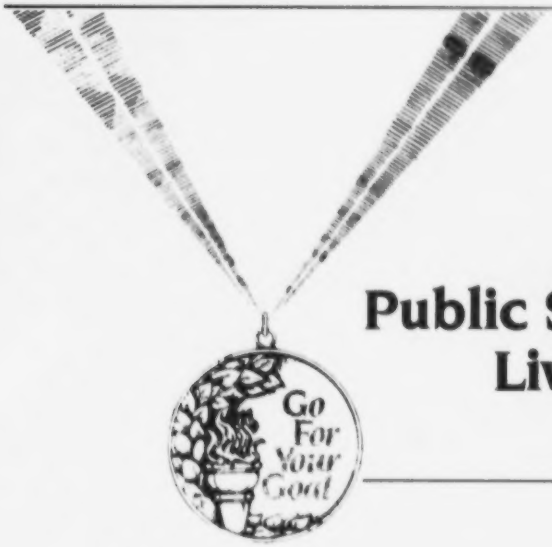
Signed _____ Date _____



Media Materials

Enlist the help of the media in promoting your high blood pressure control activities. Use the media materials to:

- Localize news releases and public service announcements by filling in the blanks with information appropriate to your organization.
- Develop your own "pitch" letters encouraging talk show producers to devote a program to the issue of high blood pressure control.
- Place print advertisements in local newspapers, newsletters, bulletin boards, and bus stop kiosks.



Sample Radio Public Service Announcements Live-Announcer Copy

1. :10

Go for your goal with high blood pressure control! Learn about high blood pressure at (*event*) on (*date/time*) at (*location*). Call (*telephone number*) for information.

---

2. :15

Reach for your goal by keeping your high blood pressure under control. Learn how at (*event*) sponsored by (*organization*) on (*date/time*) at (*location*). Call (*telephone number*) for information.

---

3. :15

Learn how high blood pressure control can help you reach your goal! Come to (*event*) on (*date/time*) at (*location*). Together, you and (*organization*) can help lower high blood pressure in (*county/city*). Call (*telephone number*) for information.

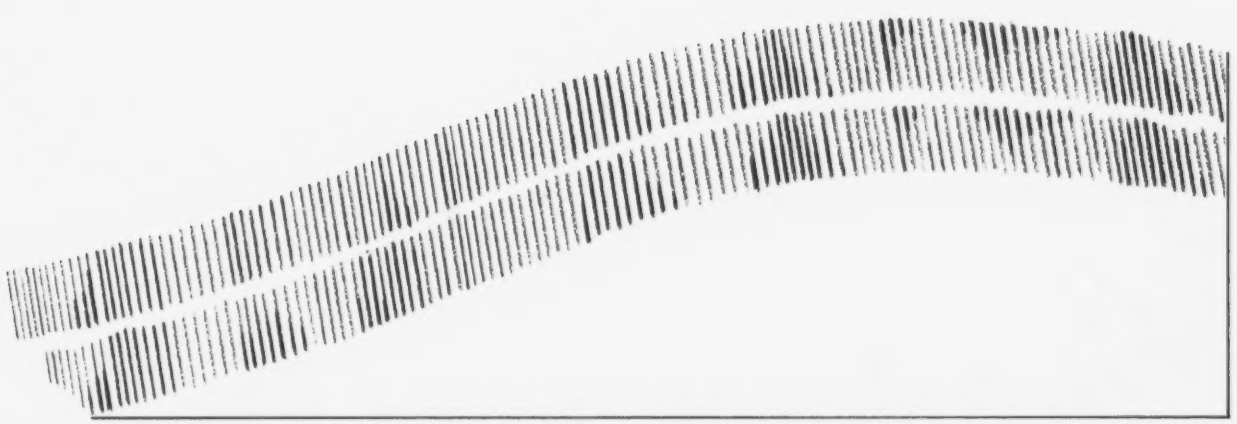
4. :20

The (*organization*) has helped (*hundreds/thousands*) of (*county/city*) residents detect and treat their high blood pressure. They can help you, too. Visit the (*event*) on (*date/time*) at (*location*). Go for your goal by keeping your good health. Call (*telephone number*).

---

5. :30

Being your best means staying healthy. Yet (*percent*) of (*county/city*) residents have high blood pressure. Uncontrolled, it can lead to stroke, heart attack, and other serious health problems. Eating right, exercising, and taking medications as prescribed can help control high blood pressure and reduce health risks. If you have high blood pressure, keep your good health by following doctor's orders, and go for your goal! Call (*telephone number*) for more information.



Sample Pitch Letter

(date)

(Name)
(Title)
(Television or Radio Station)
(Street Address)
(City, State, Zip Code)

Dear *(Name)*:

Today, more Americans are aware of the risks of uncontrolled high blood pressure than ever before. The efforts of the National High Blood Pressure Education Program are succeeding, thanks largely to the efforts of volunteers, health professionals, and media outlets like *(Name of Station)*.

Unfortunately, awareness of having high blood pressure does not automatically lead to control. Only 11 percent of Americans with high blood pressure are successfully controlling it. Here in *(City/County)*, health department officials estimate that *(Number)* residents have high blood pressure, and only *(Number)* have it under control. Those who do not are living with increased risks of heart attack, stroke, and kidney disease.

This May — National High Blood Pressure Month — the residents of *(City/County)* are joining in the spirit of this Olympic year by going for their personal goals of high blood pressure control. *(Name)*, director of the *(Organization)*, is challenging residents to be champions of control. *(His/Her)* experience in the health community and knowledge of local needs may make *(Him/Her)* an interesting guest for your *(Viewers/Listeners)*.

The enclosed materials provide further information on *(Name)*, the *(Organization)*, and planned activities for May. I would be happy to answer any questions you may have or arrange an interview with *(Name)*.

I will be contacting you in a few days to discuss a potential interview. Thank you for your time.

Sincerely,

(Name)
(Title)

News Release

For Immediate Release
or
For Release: _____

Contact _____(Name)
_____(Telephone Number)

(*Organization*), Local Businesses Working Together to Control High Blood Pressure

The (*Organization*) is launching a campaign with (*City/County*) businesses to control high blood pressure in the workplace.

Called (*Name of the Campaign*), the effort is designed to motivate employees and management to become involved in high blood pressure control through a series of activities and events within each business.

(*Name of Spokesperson*), (*Title*) of the (*Organization*), said the campaign will kick off with a management seminar on various methods of controlling high blood pressure.

"Every week we are going to feature activities such as exhibits, videos, speakers, exercise programs, and brown-bag lunch discussions," said (*Name*). "Local businesses will also be distributing handouts in payroll envelopes and featuring 'heart-healthy' recipes in the cafeteria."

According to the National High Blood Pressure Education Program, more than 27 million employed people, or 26 percent of workers, have high blood pressure. A total of 58 million Americans have high blood pressure, yet only 11 percent are successfully controlling it.

"We know that high blood pressure cannot be cured; but it can be controlled through medication, exercise, weight control, diet, and smoking cessation," said (*Name*). "Leaving it uncontrolled can be very dangerous, resulting in heart attack, stroke, or kidney disease."

(*Name*), (*Title*) of the (*Local Business*), explained (*His/Her*) company's reasons for joining the campaign.

"Our employees are very important to us; the continued success of our business depends on them. If they're not controlling their high blood pressure, they could become seriously ill and even die. We just can't let that happen," said (*Name*).

According to the National High Blood Pressure Education Program, 10 times as many workers die from coronary heart disease, hypertensive disease, and stroke than from industrial accidents.

For further information about the (*Organization*)'s campaign to control blood pressure at the worksite, call (*Telephone Number*).

# # #

News Release

For Immediate Release
or
For Release: _____

Contact _____(Name)
_____(Telephone Number)

(*Organization*) to Air High Blood Pressure Control Special on Local Cable Channel

The (*Organization*) will present (*Name of Program*), a new special on controlling high blood pressure on (*Channel*) on (*Day of Week*), (*Date*), at (*Time*).

The program will inform viewers in the (*City/County*) area of the dangers of high blood pressure and the steps they can take to control hypertension.

"Uncontrolled high blood pressure can lead to heart attack, stroke, and kidney disease," said (*Name*), (*Title*) of the (*Organization*). "Yet there are ways to control this condition: taking medication, maintaining desirable weight, reducing sodium intake, increasing exercise, and moderating alcohol consumption. These are the means of control that we will discuss during the program."

The show will feature a panel discussion with (*Name of Local Physician*), (*Name of Local Health Educator*), (*Title*) of the (*Organization*). Residents of (*City/County*) will also appear on the program to discuss their personal treatment regimens.

"Our viewers will also have the opportunity to call in and ask specific questions about their experiences with high blood pressure control or ask general questions about the treatment of this lifelong condition," said (*Name of Spokesperson*).

The cable special is just one of many activities sponsored by (*Organization*) this month as part of National High Blood Pressure Month. According to the National High Blood Pressure Education Program, more than 58 million Americans have high blood pressure, and only 11 percent are successfully controlling it.

The high blood pressure special was developed by (*Organization*) and the producers of (*Station*). (*Name of Spokesperson*) said the (*Organization*) hopes to develop the program into a regular series focusing on different health issues.

For more information about the upcoming special and other activities being sponsored by (*Organization*), call (*Telephone Number*).

# # #

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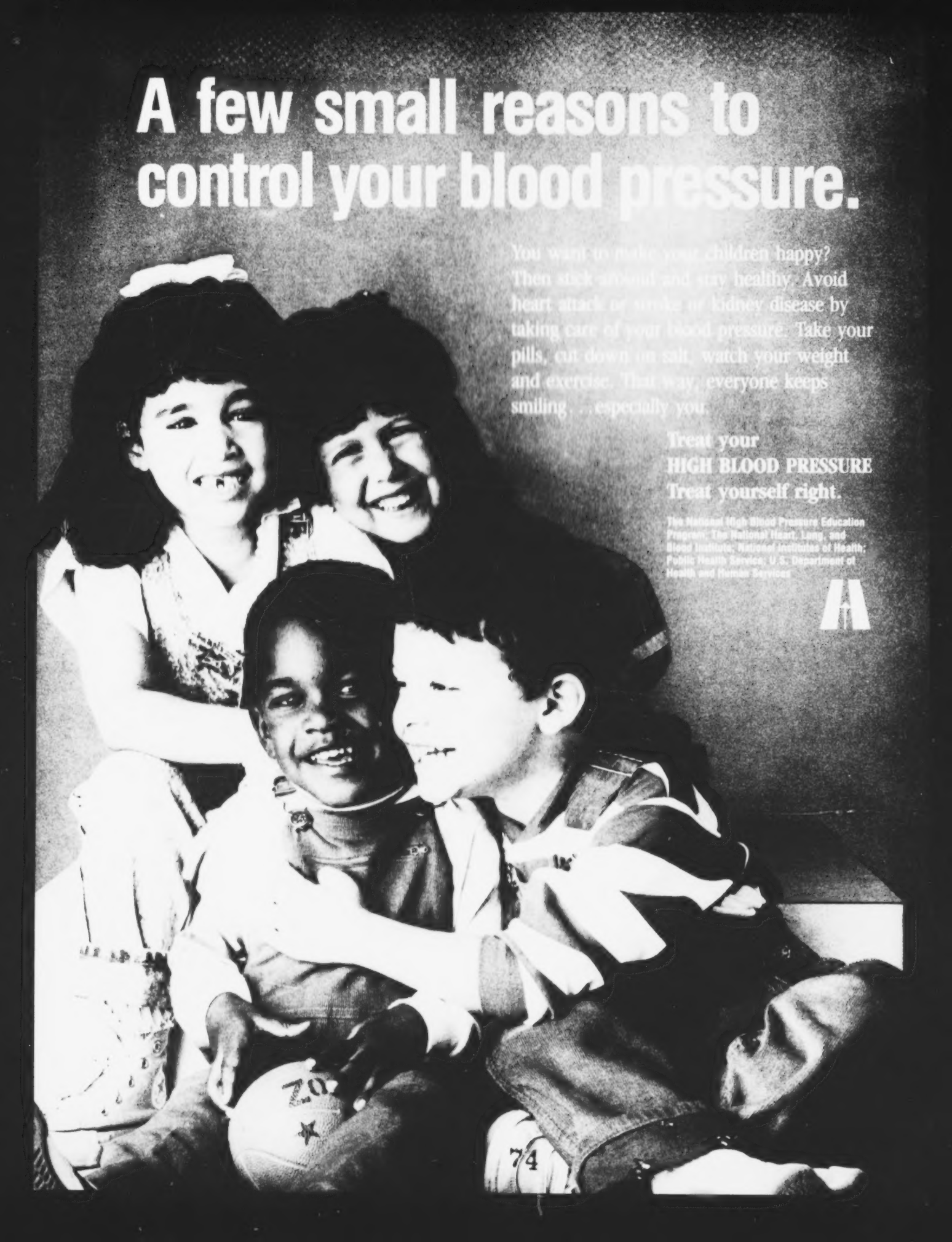
A few small reasons to control your blood pressure.
You want to make your children happy? Then stick around and stay healthy. Avoid heart attack or stroke or kidney disease by taking care of your blood pressure. Take your pills, cut down on salt, watch your weight and exercise. That way, everyone keeps smiling . . . especially you.
Treat your HIGH BLOOD PRESSURE Treat yourself right.
The National High Blood Pressure Education Program; The National Heart, Lung, and Blood Institute; National Institutes of Health; Public Health Service; U.S. Department of Health and Human Services

Some interruptions demand your attention.

The interruptions caused by uncontrolled high blood pressure at your worksite can be enormous and costly. In business terms, just consider the absenteeism, disability and payments of insurance claims. And in human terms, just consider that a lot of people have lost their lives to high blood pressure.

So it makes good business sense to start a blood pressure control program where you work. Not only will it help your employees control their high blood pressure, it will tell them that you care. And that can be good for business.

Talk to us about starting a worksite high blood pressure control program.

HIGH BLOOD PRESSURE CONTROL PROGRAM
Better For Business.

The National High Blood Pressure Education Program; The National Heart, Lung, and Blood Institute; National Institutes of Health; Public Health Service; U.S. Department of Health and Human Services

Part III

Evaluation and Order Form

Evaluation and Order Form
High Blood Pressure Information Center
120/80 National Institutes of Health
Bethesda, Maryland 20892
(301) 951-3260

(All items are free. Please allow 6 weeks for delivery.)

Name _____

Organization _____

Street _____

City _____ State _____ Zip Code _____

Telephone No. (include area code) _____

Please complete and return this section, even if you are not ordering additional materials.

1. What type of organization best describes your program setting? (check the appropriate response)

_____ Health Department
_____ Hospital
_____ Educational Institution
_____ Nursing Home
_____ Business or Industry
_____ Civic or Service Group
_____ Voluntary Health Agency
_____ Neighborhood Health Center
_____ Armed Forces
_____ Professional Association
_____ Solo or Group Medical Practice
_____ Other (specify) _____

2. Does your organization target its high blood pressure control activities toward any of the following special populations? (check all that apply)

_____ Elderly
_____ Rural Population
_____ Minorities
_____ Employees
_____ Youth
_____ Other (specify) _____

3. How many years has your organization participated in National High Blood Pressure Month? (check one response)

_____ This Is Our First Time
_____ 2-3 Years
_____ 4-5 Years
_____ 6 Years or More
_____ Don't Know

4. What blood pressure activities does your organization provide? (check all that apply)

_____ Professional Education
_____ Patient Education
_____ Public Education
_____ Detection
_____ Referral and Followup
_____ Other (specify) _____

5. Do you conduct these activities year-round or only during May? (check one response)

_____ Year-round
_____ May only

If year-round, were kit materials used year-round or only for May activities?

_____ Year-Round
_____ May only

6. How useful are the items in the National High Blood Pressure 12-Month Kit to your organization? (circle one response for each type of material)

Type of Material	Very Useful	Useful	Not Useful
a. Activity Guide	1	2	3
b. Media Tools	1	2	3
c. Reproduction Handouts	1	2	3
d. Wheel of Health	1	2	3
e. List of Materials Available From Other Sources	1	2	3

7. Will your organization place a special emphasis on any of the following issues for your high blood pressure activities in the coming year? (check all that apply)

_____ Nondrug Therapy
_____ Patience Adherence
_____ Risk Factor Assessment
_____ Rewards for Controlling Hypertension

8. Do you have any suggestions for ways we could improve the National High Blood Pressure 12-Month Kit?

_____

_____

_____

_____

_____

_____

_____

Thank You

Materials for Professionals

These materials are designed for use by health professionals in conjunction with professional education programs or as program planning resources.

QUANTITY ORDERED	RESOURCES
_____	***Statement on Hypertension in Diabetes** (28 pages) Final Report of the Working Group on Hypertension in Diabetes. Provides new information and approaches to treating patients with both diabetes and hypertension. Suggests practical approaches in the education, control, and long-term maintenance of such patients.
_____	**†Detection, Evaluation, and Treatment of Renovascular Hypertension** (reprint, *Archives of Internal Medicine*) Final report of the NHBPEP Working Group on Renovascular Hypertension. Critically reviews screening studies useful in identifying renovascular hypertension, the recommended approaches for confirming the diagnosis, and the selection of subsequent therapeutic options.
_____	***The Physician's Guide: Improving Adherence Among Hypertensive Patients** (guide, 36 pages) Presents ways physicians can improve patient education and increase adherence to treatment and control of high blood pressure. Includes strategies to encourage behavior changes often required of hypertensive patients (i.e., taking medication regularly, maintaining desirable weight, reducing dietary sodium, increasing vigorous exercise, and moderating alcohol consumption.)
_____	***†The Identification and Examination of the Stroke Belt** (presentation, 12 pages) Presents a summary of the results of statistical analyses designed to provide information concerning the magnitude of the problem of stroke deaths among blacks in the southeastern United States.
_____	***†Report of the Second Task Force on Blood Pressure Control in Children — 1987** (report, 28 pages) Presents normative data on blood pressure derived from a sampling of more than 70,000 children; advice on methodology and instrumentation for blood pressure measurement; guidelines for detecting children with high blood pressure; and strategies for appropriate diagnostic evaluation and pharmacologic and nonpharmacologic treatment.

QUANTITY ORDERED	
_____ 82-2333	***Community Guide to High Blood Pressure Control** (137 pages) Summarizes approaches to program development, examines education and patient tracking, and discusses funding.
_____	***†NHBPEP Coordinating Committee Statement on Hypertension in the Elderly** (8 pages) Updates the 1980 *Statement on Hypertension in the Elderly*. Discusses elevated blood pressure and diastolic and systolic hypertension in the elderly, based on findings of the Hypertension Detection and Follow-up Program.
_____	***†NHBPEP Coordinating Committee Statement on Nonpharmacologic Approaches to the Control of High Blood Pressure** (30 pages) Reviews a variety of nonpharmacologic approaches to control arterial hypertension. Recommends three treatment modalities considered to have sufficient scientific support to warrant recommendation for inclusion in hypertension treatment programs.
_____ 81-2204	***Patient Tracking for High Blood Pressure Control** (66 pages) Outlines procedures for planning and operating a patient tracking system for improved control of high blood pressure.
_____ 84-1271	***The Physician's Guide: How to Help Your Hypertensive Patients Stop Smoking** (24 pages) Shows what every physician can do within a busy office practice to persuade hypertensive patients to stop smoking.
_____ 85-1244	***Printed Aids for High Blood Pressure Education: A Guide to Evaluated Publications** (123 pages) Describes and evaluates high blood pressure education materials available from a variety of sources.
_____ 86-2730	***Public Perceptions of High Blood Pressure and Sodium** (35 pages) Discusses the results of the 1982 Consumer Food Survey, sponsored by the Food and Drug Administration and the National Heart, Lung, and Blood Institute.

*Materials may be reproduced.
†Single copies only.

Materials for Patients and Consumers

Note on Selecting Patient and Consumer Materials

Reading level indications for pamphlets were calculated using the SMOG Readability Formula. The levels roughly correspond to these grade levels: Very easy, grades 6-7; Easy, grade 8; Average, grades 9-10; Fairly difficult, grades 11-13.

QUANTITY ORDERED

PAMPHLETS

_____ 87-2024

***Blacks and High Blood Pressure** (8 pages) Describes high blood pressure, its importance to blacks, the need for treatment, and the role of the patient's family. Very easy reading level.

_____

High Blood Pressure & What You Can Do About It (32 pages) Describes the nature and measurement of blood pressure, both normal and high, with a discussion of drug treatment and side effects as well as lifestyle changes that may be recommended. Fairly difficult reading level.

_____ 86-1459

***Questions About Weight, Salt, and High Blood Pressure** (10 pages) Describes what is known about the relationship between certain diet changes and high blood pressure. Average reading level.

POSTERS

_____

***Some Hints for People Who Take High Blood Pressure Medicine** (12" x 18") Reminds patients to take medication and to talk with their doctor, nurse, or pharmacist when questions arise.

QUANTITY ORDERED

_____

***Tomorrow** (17" x 22") Encourages people to treat their high blood pressure for life — beginning today.

_____

***So You Think You've Been Cured of High Blood Pressure** (16" x 20") Explains that high blood pressure can be controlled, not cured, and that people should take their prescribed medication even when their blood pressure reading is normal.

_____

***Think You Know What Hypertension Means?** (16" x 20") States that hypertension should not be confused with nervous tension and that high blood pressure pills should not be taken only when a person is feeling upset.

_____

***Don't Skip Your Blood Pressure Medication** (16" x 20") States that although controlling weight and exercising are desirable for people with high blood pressure, they are not substitutes for medication.

_____

You Can Shape Your Future (26" x 14") Describes a variety of methods that help patients control their blood pressure.

*Materials may be reproduced

For more than sample copies of any item, please tell us (on a separate piece of paper) about:

1. Your planned activities for 1988 National High Blood Pressure Month and year-round.
2. The audiences for whom the materials are intended.

For additional information, contact the High Blood Pressure Information Center. In addition to distributing the materials listed here, it serves as a central national clearinghouse for information on various aspects of high blood pressure control.

High Blood Pressure Information Center
120/80 National Institutes of Health
Bethesda, Maryland 20892
(301) 951-3260

Sponsors

National High Blood Pressure Month is sponsored by the National High Blood Pressure Education Program Coordinating Committee, which includes the following member organizations:

- Ad Hoc Committee on Cardiovascular Pulmonary Disease Risk Factors in Minority Populations
- American Academy of Family Physicians
- American Academy of Ophthalmology
- American Academy of Physician Assistants
- American Association of Occupational Health Nurses
- American College of Cardiology
- American College of Chest Physicians
- American College of Physicians
- American College of Preventive Medicine
- American Dental Association
- American Dietetic Association
- American Heart Association
- American Hospital Association
- American Medical Association
- American Nurses' Association, Inc
- American Occupational Medical Association
- American Optometric Association
- American Osteopathic Association
- American Pharmaceutical Association
- American Podiatric Medical Association
- American Public Health Association
- American Red Cross
- American Society of Hospital Pharmacists
- Association of Black Cardiologists
- Association of Life Insurance Medical Directors of America
- Citizens for the Treatment of High Blood Pressure, Inc
- National Black Nurses' Association, Inc
- National Heart, Lung, and Blood Institute
- National Kidney Foundation
- National Medical Association
- National Optometric Association
- Society for Nutrition Education